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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	- STATE REGISTRAR		CERTIFICATE OF I	DEATH	REG. NO.		
	1. DECEASED NAME FIRST (TYPE OR PRINT) CHARLES	ELWOOD	AIRING	2a. DATE O	18, 1982	DAY YEAR	26 HOUR '
1		RACE White	5. DATE OF BIRTH		YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
7	Maryland	CITIZEN OF WHAT COUNTRY?  U.S.A.  NAME OF HOSPITAL, NURSING		MARRIED U	Carroll Co	unty	MD
Pi	Taneytown	York Street	DDRESS)	(TYPE OF WO	rk for most of working to		F BUSINESS OR
1 3 2	USUAL RESIDENCE (IF NURSING HOME OR OTH 13a. STATE 13b. COUNTY Maryland Carro	13c CITY OR TOWN	1 13d INSIDE C		ADDRESS Ork Street		
l	14. FATHER'S NAME Charles	Elvin Airine		S MAIDEN NAME FIRST THEL  FIRST	Romaine	Davids	
	160. WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE WA YES WW 11			Blanche Airi		ork St.	21787
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE COnditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	CONIGES	716/2 / NCE OF	LEART F	PAILURE	BETWEEN	MATE INTERVAL
	PART 2. OTHER SIGNIFICANT CON  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	NDITIONS CONTRIBUTING TO D			OPSY? 206. IF YE	S, WERE FINDIN	IGS USED
-	On contraction of Course of the course	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.		JURY OCCURRED (ENTER N		PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f. LOCATI STREET	М	CITY OR TOWN	COUNTY	STATE
	02-1 . at al -a (1) (at the beneficial)	Control of the december of the con-		10		10	About the found local

FUNERAL DIRECTOR: should be detached with the State Dept. BP.

shaws ony

IMPORTANT: If Item

Ronald Krablin, M.D. 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREM TORY

22e ADDRESS

455 S. Washington Street, Suite 22

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF

72L DATE SIGNED

Gettyshurg PA 17
36. NAME OF CEMETERY OR SEEM 100 1234 LOCATION CITY OR TOWN
United Church of Christ Taney town Carroll, Md. 21887

24. FUNERAL DIRECTOR Taneytown, Md. Skiles Funeral Home, 136 E. Balto. St.

DHMH - 16 50M 7/77 (VR A 15 (4))

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	- 10°	re t	24,	C(   2 . L		Charles
4	n , by maining	Tons Elanc	TORCIO	-916	<u>;</u> [ ]	as <sup>1</sup>
	FAILURE	, LEAKI	30171301	V0)		
	FAIL WAT	124 J.	3017 C3V1	V0)		
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24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO I DECEASED NAME 20. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) EDWARD 1705 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126. KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE 13d INSIDE CITY LIMITS? 13e STREE YES | NO S 15. MOTHER'S MAIDEN NAME MIDDLE 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT II. CAUSE OF DEATH (Enter only one couse per line for in it to and PART I, DEATH WAS CAUSED BY morrand a PART Z. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE FERMINAL DISPASE OF CONDITION GIVEN IN PART THE % CONDITION FOR WHICH OPERATION WAS PERFORMED 7th IF YES, WERE FINDINGS USED 10n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? THE HOW INJURY OCCURRED | ENGLE VALUE OF FULL IN THE 14 PART I ON PART 2) HOUR A.M. MONTH DAY YEAR 111 LOCATION AT HOME STREET FACTORY, OFFICE FARM, ETC.) STREET CITY ON TOWN COUNTY STATE uttenyed the deceased from and that in (my) (get) opinion death occurred on the date and hour and from the couses stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 77s. ADDRESS Destminste 236 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

The State of the S AND THE PROPERTY OF THE PROPER M. C. Carlotte, S. Carlott The second of th EST DEN SEE STAN

signed by the offending p urial, crematian, ar rem

to be

for use as the burial-transit permit. The of Health and Mental Hygrene prior or other troumatic

shav

Item 18

23a. BURIAL, CREMATION, REMOVAL

Burial

Charles W. Burrier, Jr., Sykesville, Md.

(SPECIFY)

24. FUNERAL DIRECTOR

	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		IENE 8 2   REG. NO.	2 8	11		
e <del>-</del>	1. DECEASED NAME	emes		thur		old		Id. Drife Of Dertiff	00 - 82	25 HOUR 21:06 M		
	Male Male	À.	Whit	е	5. DATE C	DAY Y	904	6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS	MONTHS DAYS	IF UNDER 24 HRS		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland		U.S	U.S.A.		DENEVER MARR	ED D	BALTIMORE CITY OR COUNTY OF DEATH  Carroll Co.,				
1 60	Westminst		Carrol	HOSPITAL, NURSIN THE COUNTY	GHOME CONDERSS) Ger	rother institution eral Ho	<sup>loN</sup> spit	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFT  al Laborer	E) INDUSTRY	etery		
filled in bould be	USUAL RESIDENCE (IF NURS 130 STATE Maryland	135 COUL		GIVE RESIDENCE BEFORE		138 INSIDECITY LI	MITS?	13e STREET ADDRESS 7212 Woodbin	e Rd.			
impletely and 2 sh	14 FATHER'S NAME FIRST John		MIDDLE	Arnold		15. MOTHER'S MAI		Katheryn	Zir	kel		
n and ca	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES!	216-09-		17. INFORMANT Annie	R. A	ADDRESS Arnold, Same A	s #13			
hysicia papers aval. nt, the	18 CAUSE OF DEATH PART I. DEATH W	H (Enter of	nly one couse per ED BY.				_		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH		

IMMEDIATE CAUSE (0). cardial sujaretion Canditions, if ony, which gave rise ta immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19g DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [ NO [ 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (thus haspital) attended the deceased from saw the deceased alive on abave. (1) (we) (did) (did not) view the bady after death and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ 22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY Loudon Park

Bal'timore,

Md.

TO FUNERAL DIRECTOR: After this certificate has IMPORTANT: If Item 21 is marked ar retained by the haspital should be detached with the State Dept. HOSPITAL BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

. Fibra L. Large Con Market Andrea - Market - Marke Sub- Market State Control of the Con work Planting Consequent to 47 S. M. S. II. S. Domining Serena enga etoria Berlana Balting alk . Bed in . Bed in the contract to the contract 

	oth. Pogg	and direct
1021201	24 haurs ofter a	filled in by the fur yold be filed within
MOKE, MAKTLA	e executed within	Pages 1 and 2 sho
DIVISION OF VITAL RECORDS, 201 W. PRESION SI., BALLIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs ofter arealt. Figgre-	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the busid-stransis permit. Then please remove carbonappers. Pages 1 and 2 should be filed within 72 hours a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.
D3, 201 W. PRE	quires that the d	signed by the a then please remo to buriol, cremat
JF VITAL RECOR	JAN: The low re physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please temove carbonapper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.
DNOISIAID	TO HOSPITAL OR ATTENDING PHYSICIAN: The literained by the hospital or attending physician.	DR: After this cer r use as the burio Health and Ment
	PITAL OR ATTE	JERAL DIRECTC be detached for State Dept. of 1
	TO HOS	should be with the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

					CERTI	ICATE OF DEATH		REG. NO.			
TYPE	CEASED NAME OR PRINT)	FIRST		WIDDLE	l	AS1	20 DATE O			YEAR	2h HOUR
		Ross		J.		cher	M	7 23	1983		2153 4
3. SE	X	4.	RACE		5. DATE C		6 AGE (IN	YEARS LAST BIRTHDAY)	IF UND	ER I YEAR	IF UNDER 24 HRS
	Male		White		8	19 1889		92 v		UA15	MIN.
70 BI	RTHPLACE   STATE O	R FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	NEVER MARRIED	9 BALTIMO	ORE CITY OR COL	JNTY OF DI	EATH	
	Maryland			USA	WIDOWE			Carroll	Co.		MC
10 CI	ITY OR TOWN OF DE	EATH 1		HOSPITAL, NURSIN		ROTHER INSTITUTION		OCCUPATION RK FOR MOST OF WORK	12b	KIND O	E BUSINESS OR
We:	stminster					Hospital	Agent				Insurance &
USU/	AL RESIDENCE (IF NO	RSING HOME OR O	THER INSTITUTION			HALL INICIDE CITY I INVITED	4				
	Maryland	Carr		Manchest		YES NO	13e. STREET	Park Ave	nue		
	THER'S NAME			Tradition of		15. MOTHER'S MAIDEN N		10111 1110	1140		
	Jacob		enry	Bloche	. 21	Martha		Jane		Frin	CON
16a V	VAS DECEASED EVE			16b SOCIAL SECU		17 INFORMANT		ADDRESS		PILIT	ger
()	YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	218-32-1	1.68	Mrs. E. Ster	ant De	chiell	Corror	no D	n ml = 3/6-2
-	yes 18. CAUSE OF DEA					ms. E. Duei	walu Da	ourerr,	pever		MATE INTERVAL
4 6			(c)								
CATION	PART 2 OTHER SIG					NOT RELATED TO THE TER	MINAL DISEAS	OPSY? 206 I	F YES, WER	E FINDIN	IGS USED
TIFICATION								OPSY? 206 I	F YES, WER	E FINDIN	
CAL CERTIFICATION		ATION  NDERLYING  CAUSE OF DEATH	196 COND	ITION FOR WHICH F INJURY M. MONTH DA	OPERATIO		200 AUT	OPSY? 206 I	F YES, WERI ERTIFYING (	E FINDIN CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPER.  210. ACCIDENT WAS UIT  OR CONTRIBUTING [  (IF EITHER NOTIFY MEE  21d INJURY OCCUI	NDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED	216. TIME O HOUR A. P. 21e. PLACE	ITION FOR WHICH OF INJURY M. MONTH DA	AY YEAR	N WAS PERFORMED	200 AUT	OPSY? 206 I	F YES, WERI ERT IFYING ( YES M 18 PART 1 OF	E FINDIN CAUSES	IGS USED OF DEATH?
	190 DATE OF OPER.  210. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER NOTIFY MEI 21d INJURY OCCUIT WHILE NOTIFY	ATION  NDERLYING  CAUSE OF DEATH DICAL EXAMINER)  RRED  WHILE  ORK  1) (this haspital  sed olive on	21b. TIME O HOUR A. P. 21e. PLACE (AT HOME. STI	ITION FOR WHICH  IF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F  e deceased from  19.58	AY YEAR  19  FARM, ETC.)	N WAS PERFORMED  21c HOW INJURY OCCUI 211. LOCATION	YES TRRED (ENTER N	OPSY? 20b I IN CI NO IN URY IN ITER CITY OR TOWN	F YES, WERI ERTIFYING ( YES	E FINDIN CAUSES RPART 2)	IGS USED OF DEATH? NO  STATE
	210. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER NOTIFY MEET 11 IN JURY OCCUIT WHILE NOTIFY TO N	ATION  DEFILING  CAUSE OF DEATH DICAL EXAMINER)  RRED  WHILE  ORK  Sed of live on  (did) (did not)	21b. TIME O HOUR A. P. 21e. PLACE (AT HOME. STI	ITION FOR WHICH  IF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F  e deceased from  19.58	AY YEAR  19  FARM, ETC)	211 LOCATION SIREET  21 d thot in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	200 AUTO YES RRED (ENTER N.	OPSY? 20b I IN CI NO IN URY IN ITER CITY OR TOWN	F YES, WERIFYING YES OF THE PART TO BE THE PART TO	E FINDIN CAUSES RPART 2)	IGS USED OF DEATH? NO  STATE
MEDICAL	21g. ACCIDENT WAS UI OR CONTRIBUTING  (IF EITHER NOTIFY MEI 21d INJURY OCCUI WHILE NOTIFY AT W 22g I certify that ( sow the deceo abave, (I) (we) 22b. SIGNATURE  22d. PHYSICIAN'S N	ATION  INDERLYING     CAUSE OF DEATH DICAL EXAMINER)  RRED  VHILE     ORK  I) (this haspital seed olive on (did) (ded not)	21b. TIME O HOUR A. P. 21e. PLACE (AI HOME, STH	ITION FOR WHICH  IF INJURY  M. MONTH D.  M.  OF INJURY  REET, FACTORY, OFFICE, F  atter death	AY YEAR 19 FARM, ETC)	211: HOW INJURY OCCUI 211: LOCATION STREET  214 ATTENDING	200 AUTO YES RRED (ENTER N  MEDICAL DIRECTOR	OPSY? 20b I IN CI NO ATURE OF INJURY IN ITE!  CITY OR TOWN  STAFF	F YES, WERIFYING YES OF THE PART TO BE THE PART TO	E FINDIN CAUSES RPART 2) DUNTY	IGS USED OF DEATH? NO   STATE  that (1) (we) last couses stated

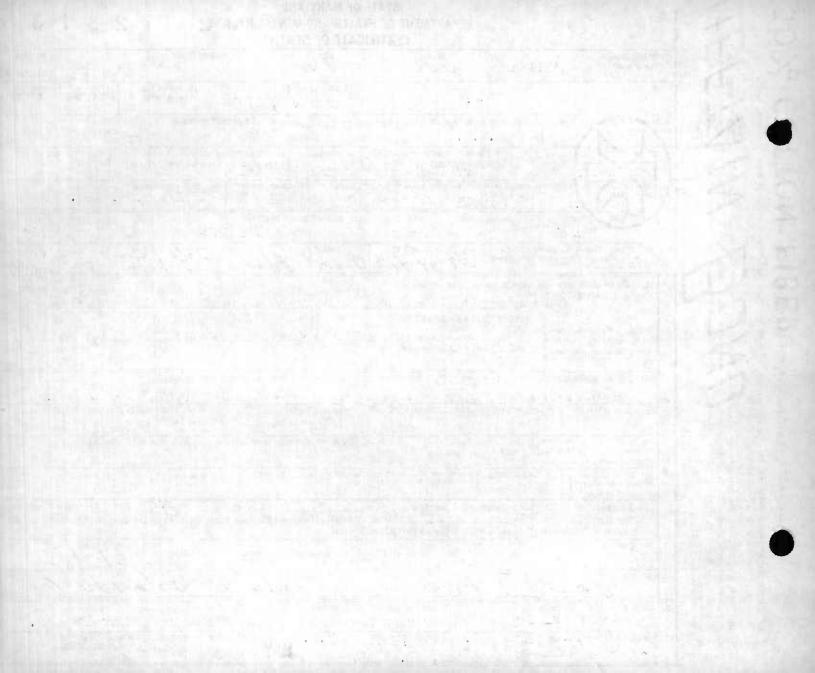
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DHMH - 16 50M 1/B1 (VRA 15, 4)

Eline Funeral Home, Hampstead. Md.

BP.

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-		FOR					E OF MARYLAND	0 0	0 0 1
	1.	STATE REGISTRAR			DEPART	CERTIF	IEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	281
		CEASED NAME	OMAS		ELAND B	BOONE	LAS1		3/82 26 HC
	3 SE	MALE	4	RACE WHITE	3	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)  68 YRS	IF UNDER 1 YEAR IF UND
35		RTHPLACE (STATE OR FO	OREIGN 78	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY CARROLL	OF DEATH
O optified		TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET OLL CO.	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	HOMES
and See	13a S		136 COUNT CARRO	Υ	GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2325 MANCHESTE	ER ROAD
Schmine	14. FA	WALTER	C.	BOO	NE LAST		15. MOTHER'S MAIDEN NA	ME  I. HELTEBRIDLE	LAST
medicol		VAS DECEASED EVER ( VES NO OR UNKNOWN)		MAR OR DATES	216-03-		KATHRYN BOO	ADDRESS	
ury, or other tra	7	gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN	g the last.	( (c)	R AS A CONSEOU		NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART I I O
ows ony inju	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a AUTOPSY? 20b. IF YES IN CERTIF	, WERE FINDINGS US YING CAUSES OF DEA S NO
or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH	P. Z1e. PLACE (	M. MONTH D M. DF INJURY	19	211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 P	
D	W	WHILE NOT WHI	ILE 🔲		EET, FACTORY, OFFICE, I	FARM ETC)	STREET	CITY OR TOWN	COUNTY
Morke		22a.l certify that	this hospita			- AU	20 6 1976		19 6 7 that th
ANT: If Hem 21 is morke		saw the decease obove (11) we) (1 22b. SIGNATURE	dolive on _	View the body			DEGREE ATTENDING PHYSICIAN	death occurred on the date and hou	r and from the causes of 22t. DATE SIGNED
IMPORTANT: If Hem 21 is morke	220 5	saw the decease above (1) we) (1	delive on did not)  ALE  ME (TYPE OR P	View the body	Mills Comments	D.	DEGREE ATTENDING .	MEDICAL STAFF	

WESTMENSTER, MD.

DATE REC'D. BY REGISTRABITA REGISTRAS SIGNATURE

24 FUNERAL DIRECTOR
PRITTS FUNERAL HOME

DHMH - 16 50M 1/B1 (VRA 15, 4)

etoined by the hospital or attending physician.

TO HOSPITAL

BP.

direction of the second of the at attache de la company de la enough to service . In the second of the second THE CALL DESIGNATION OF THE PARTY OF THE PAR Lander Committee Committee

- STATE CERTIFICATE OF DEATH REGISTRAR

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

20 DATE OF DEATH MONTH

IF UNDER I YEAR

2h HOUR

9 BALTIMORE CITY OR COUNTY OF DEATH

OUSEUS FOR WORK OUTE | INDUSTRY

12b. KIND OF BUSINESS OR

E. Main St. Extended

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

STATE OF MARYLAND

CITY OF TOWN

70h. IF YES, WERE FINDINGS USED.

YES !

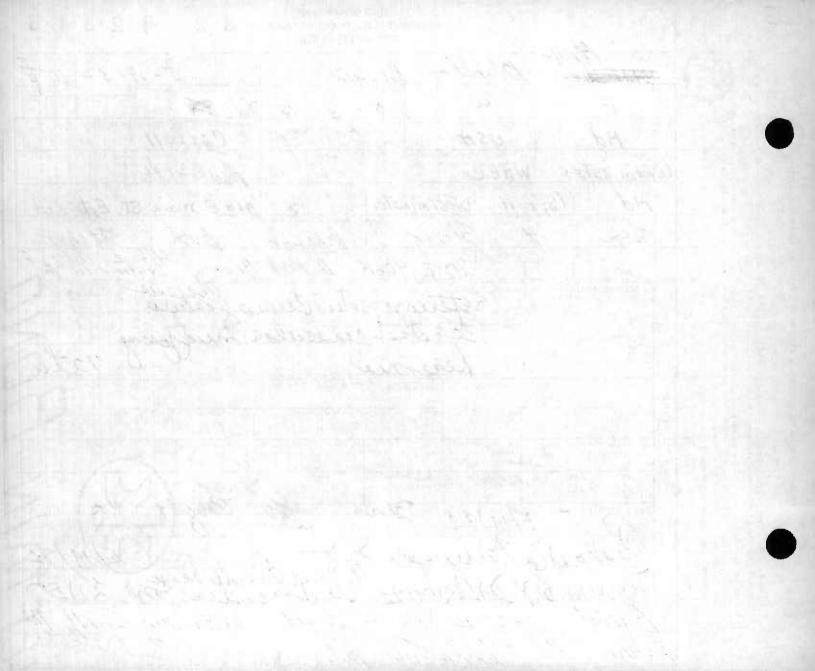
IN CERTIFYING CAUSES OF DEATHS

COUNTY STATE

NO IT

and that in (my) (pug) opinion death occurred on the date and hour and from the course stated

DHMH - 16 50M 1/81 (VRA 15, 4)



TO FUNERAL DRECTOR: After this certificate has been signed by the advecting physician and completely should be detached for use as the burial strains permit. Then phease remove carbon popers. Pages, I and 2 shows the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 1 / 81 (VRA 15, 4)

1	STATE REGISTRAR			DEPART	CERTIF	FICATE OF DEATH	REG. NO			
DE	Control of the Contro	rast		COUL		IASS	2a DATE OF DEATH	HONTH DAT	7548	2h. HOUR
		nche		elia	Cav		May 12,1			1:00/
I. SE)	female	4. R	white			24 1913 ""	68	VPS VPS	UNDER I YEAR	HOURS M
3	RTHPLACE TRANSPORTER Marvland	tion 7k (	TI.S.A	VHAT COUNTRY?	MARRIE	DINEVER MARRIED O	Carroll Co		FDEATH	37
We	TY OF TOWN OF DEATH	7	731 Wo	OSPITAL NURSIN	ADDRESS	OR OTHER INSTITUTION	IN USUAL OCCUPATE	MORENG THE	175 KIND C INDUSTRY home	F BUSINESS
Jar	ryland	arrol		Woodbine	rpui	YES NO	7731 Wood?	bine Ro	oad	13
4 FA	THER'S NAME	(MIDD)	NE.	Lidst.		15. MOTHER'S MAIDEN NAM	WE		141	at .
	James			Guy		Lottie			kett	
	VAS DECEASED EVER IN	U.S. ARMED		16b SOCIAL SECU		17. INFORMANT	7731^₩8			
_	no			219 12	9719	Joann C. Warki	eld Woodbine	e, Maryl		1797
	Conditions, if any, w	diate.	DUE 10, OR	AS A CONSEQUE	este	ive has	nd fail	ulun	0	
CATION	Conditions, if any, we gave rise to immediately all stating	which diate the lest CANT CON	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	loge re NOT RLA ED TO THE THE	religions of a	20b. IF YES, W		NGS USED
RIFICATION	Conditions, if any, was gove pize to immediately stating underlying abuse.  PART 2 OTHER SIGNIF	which diate the lest CANT CON	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	Mell	Toul  Toul  TOUR	0.00000000	VERE FINDIN	NGS USED
CAL CERTIFICATION	Conditions, if any, was gove pize to immediately stating underlying abuse.  PART 2 OTHER SIGNIF	which diate the lest scant CON	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE NUMBER TO I	NCE OF	Mell	YES D NO	70h. IF YES, W IN CERTIFYIN YES [	VERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if any, wager rise to immediatelying anuse  PART 2 OTHER SIGNIF  THE DATE OF OPERATION  THE ACCIDING WAS UNDERLOAD  CONCOMITMENT BY CALL	which diate the lest the lest to the lest	DUE TO, ON  151  DUE TO, OR  115  DUE TO, OR  115  DUE TO, OR  116  DUE TO, OR  117  DUE TO, OR  118  DUE TO, OR  117  DUE TO, OR  118  DUE TO, OR  117  DUE TO	AS A CONSEQUE NON FOR WHICH INJURY A. MONTH DA	NCE OF SATH BUT OPERATO AY YEAR 19	IN WAS PERFORMED	YES D NO	20b IF YES, W IN CERTIFYIN YES [	VERE FINDING CAUSES	NGS USED OF DEATH?
100	Conditions, if any, wagave rise to immediatelying souse  PART 2 OTHER SIGNEF  THE DATE OF OPERATION  THE ACCIDENT WAS UNIQUE OF CONTINUE THE CONTINU	which diate the lest	DUE TO, OR  (b)  DUE TO, OR  (c)  DUE TO	AS A CONSEQUE NITHIBUTING TO I TON FOR WHICH INJURY A. MONTH DA A. MONTH DA TE INJURY ET NACTORY OFFICE I	PEATH BUT OPERATION AY YEAR IP	N WAS PERFORMED  314. HOW INJURY OCCURS  214. LOCATION STREET	VES NO.	20b. IF YES, WIN CERT FY IN YES [	COUNTY	NGS USED OF DEATH? NO []
100	Conditions, if any, wagave rise to immediatelying souse  PART 2 OTHER SIGNEF  THE DATE OF OPERATION  THE ACCIDENT WAS UNIDERS OF CONTINUE THE CONTIN	which diate the lest	DUE TO, OR  (b)  DUE TO, OR  (c)  DUE TO	AS A CONSEQUE NITHIBUTING TO I TON FOR WHICH INJURY A. MONTH DA A. MONTH DA TE INJURY ET NACTORY OFFICE I	OPERATO OPERAT	N WAS PERFORMED  211, HOW INJURY OCCURS  211, LOCATION 512FEL  19  0 opinion of that in (my) (our) opinion of the control opinion	VES NO.	20h IF YES, WIN CERTEYIN YES [  YES [  YES IT AND TO THE T	COUNTY  S 2  20x Aut 21  COUNTY  S 2  20x DATE	NGS USED OF DEATH? NO []
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120	Conditions. If any, we gave rise to immediatelying assure.  PART 2 OTHER SIGNIF  THE DATE OF OPERATION  THE ACCIDITED WAS UNDERLOW OF CONSTRUCTIONS (I SHOULD A CONSTRUCTION ACCIDITED AND A CONSTRUCTION AT WORLD A CONSTRUCTION AT CONSTRUCTION AT A	Mich diate the lest t	DUE 10, OR  (b)  DUE 10, OR  (c)  DUE 10	AS A CONSEQUE NIMIBUTING TO ION FOR WHICH INJURY A MONTH DA DE INJURY ST PACTORY OFFICE P decreased from	OPERATO OPERAT	N WAS PERFORMED  211, HOW INJURY OCCURS  211, LOCATION 512FEL  19  0 opinion of that in (my) (our) opinion of the control opinion	VES NOTAL NOTAL NEW YES NOTAL NOTAL NEW YES NOTAL NOTAL NEW YES NOTAL NEW YES NOTAL NOTAL NEW YES NO	20b IF YES, WIN CERTIFY IN YES [ V FAITEM IE PART	COUNTY  SAL  120 PART 21  COUNTY  120 PART 21  20 PART 21	NGS USED OF DEATH? NO [] STATE that (II   ) STATE STATE THAT (II   ) STATE L/82
MEDICAL	Conditions, if any, wagave rise to immediatelying souse  PART 2 OTHER SIGNIF  THE DATE OF OPERATIO  THE ACCIDENT WAS UNDERLOAD  THE INJURY OCCURRED  WITH A WORK AT WORK  WITH A WORK AT WORK  THE INJURY OCCURRED  WITH A WORK AT WORK  WITH A WORK AT WORK  WITH SIGNIFICANTS NAME  THE SIGNIATURE	CANT CON  CYING   SE OF DEATH  EXAMPLE OF DEATH  EXAMPL OF DEATH  EXAMPLE OF DEATH  EXAMPLE OF DEATH  EXAMPLE OF DEATH	DUE 10, OR  (b)  DUE 10, OR  (c)  DUE 10	ASA CONSEQUE NINIBUTING TO TON FOR WHICH INJURY A MONTH DA DE INJURY IT FACTORY OFFICE IS decented from	OPERATION  AY YEAR  19  AMM. ETC.)	211. LOCATION 211. LOCATION 119.  211. LOCATION 119.  19.  DEGREE ATTENDING PHYSICIAN 2.	VES NOTAL NOTAL NEW YES NOTAL NOTAL NEW YES NOTAL NOTAL NEW YES NOTAL NEW YES NOTAL NOTAL NEW YES NO	TOD IF YES, WIN CERTIFY IN YES [ YES [ YES   I YES   Y	COUNTY  SAL  120 PART 21  COUNTY  120 PART 21  20 PART 21	NGS USED OF DEATH? NO [] STATE that (II   ) STATE STATE THAT (II   ) STATE L/82

STATE OF MARYLAND

Carl M. S. T. L. D. Branchinez in the Commis-STALL THE Emilas . tel selies of the A served fineral transfer of the server of t As draft configuration of the second configuration and the second configuration of the Institute Control of the Control of Since America Description and State Present and State of the State of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH (TYPE OR PRINT) 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY HOURS MALE 69 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED New York County, 10 CITY OR TOWN OF DEATH ITYPE OF WORK FOR MOST OF WORKING LIFE USTRY Paving Laborer USUAL RESIDENCE OF HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
130 STATE
1136 COUNTY
1137 CITY OR TOWN 800 Motter Avenue, Maryland Frederick Frederick YES X 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Chandler Katherine Orr Charles ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Not Available Mrs. Mary F. 800 Motter Chandler no Frederick. 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Preumoutis IMMEDIATE CAUSE (D) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? none NO NO I 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER! P.M 211 LOCATION 21d INTURY OCCURRED ö 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (this hospital) attended the deceased from 5-30-19 12, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on \_\_\_ 77h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT

DHMH - 16 60M 1/75

(VR A 15 (4))

hauld be

SPEBurial

230. BURIAL, CREMATION, REMOVAL

Keeney Basford R.A. Funer Church St., Frederick, Mar

DIVAKARCIAON

3,1982 Mt. Olivet Cemetery Frederick Frederick Md.

23c. NAME OF CEMETERY OR CREMATORY

The state of the s Country Country. inival auronal Haryland Virginia Indicate a Review 800 latter Neeman, er. Chandler Tethorine . Se Not available of the office of the state of

during the design of the desig Total Tenur Large Marchand Consult Link

STATE OF MARYLAND

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			zeizonla svä		
93-79				6	Za.
				E. J.	- 6.8h

FOR

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injury, ar other traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REGISTRAR			CERTII	FICATE OF	DEATH		REG. N	0.		
1. DECEASED NAME F	IRST	MIDDLE		LAST		20 DATE C	F DEATH	MONTH	DAY YEAR	2b. HOUR
	ellie	Estelle	DU	VALL		May	24,	]	982	8:37 M
3. SEX	4 RACE		5. DATE			6 AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Whi	te	OCT		1900	83	lc 10	YRS	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE OR FORE	IGN 76. CITIZEN C	OF WHAT COUNTRY?	8	- D NEVE	MARRIED -		-		TY OF DEATH	
Maryland	U	ISA	WIDOW		NORCED	Can	roll			MD.
10 CITY OR TOWN OF DEATH		OF HOSPITAL, NURSIN		OR OTHER IN	STITUTION	120 USUAL	OCCUPAT			OF BUSINESS OR
Westminster	Carro	11 Count	y Ge	neral	Hosp.	Hous	sewif	e WORKING	LIFE) INDUSTRY	
USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTE	ON GIVE RESIDENCE BEFORE		A124 INICIDE	CITY LIMITED	112 CYPERY	ADDRESS			
	arroll	Westmin			NO X	13e STREET		dge	Road	
14 FATHER'S NAME	WIDDLE	LAST			S MAIDEN NA	ME	0344	2	339	
Delaney		King		M	arv		MIDDLE		Ward	51
160 WAS DECEASED EVER IN	U.S. ARMED FORCES	? 166 SOCIAL SECU	JRITY NO.	17 INFORM	ANT	2	1 2 ADDRE	\$\$		School
NO	F YES, GIVE WAR OR DATES	218-58-	-8645	Ruby	Duval	1 Ğ	iithe	rsbi	irg, Md.	Re
18 CAUSE OF DEATH IS	nter only one couse i									IMATE INTERVAL ONSET AND DEATH
DADTI DEATHINGS	CALICED DV	CARDIO		IC S	SHOCK				1	DAY
4100		OR AS A CONSEQU						-		
Canditions, if any, w		ACUTE	MYE	CARD	PL 11	VFAR	CTIC	N		DAY
gove rise to immed	iate	OR AS A CONSEQUE		115						
	ast.	OR AS A CONSECU	ENCE OF							
PART 2. OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEAS	E OR CON	DITION G	IVEN IN PART 11	a.
NO										
19a DATE OF OPERATION	N 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUT	OPSY?	20b. IF Y	ES, WERE FINDI	NGS USED
E						YES 🗌	NO		TIFYING CAUSES YES 🗍	NO [
		OF INJURY A.M. MONTH DA	AY YEAR	21c HOW I	NJURY OCCUR	RED (ENTERN	ATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
OR CONTRIBUTING CAUS	L OI DEATH	P.M.	19							
LIF EITHER NOTIFY MEDICALE  21d. INJURY OCCURRED		E OF INJURY		216 LOCAT			CITY OR TO	LA/NI	COUNTY	STATE
WHILE AT WORK AT WORK	□   ATHOME	STREET, FACTORY, OFFICE, F	ARM, ETC )	SIRE			CITORIO	AAIA	COUNT	SIAIE
220.1 certify that (1) (4h	s haspital) attended	the deceased from_	MAY	23		2 , to C		24	1982	that (I) (me) last
saw the deceased o	live on MAY	dy alter death	32,0	nd that in (m)	) Lour opinion	death occurn	ed on the de	ate and ho	our and Iram the	couses stated
226. SIGNATURE	- 0 -	a death.		DEGREE	3000	,			22c. DATE	
arthur	- ZRu	to mo			ATTENDING PHYSICIAN	MEDICAL	STAI PHYSIC	IAN	May	24,198
22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e. ADDRE	SS RAIT	IMOR.		LVD	1 L L CALY	21200

should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. TO FUNERAL DIRECTOR: After this certificate has been IMPORTANT: If them 21 is marked or them 18 shows any

23b. DATE

5/26/1982

2115

230. BURIAL, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN

Damascus

Monta.

Damascus Cemetery 24 FUNERAL DIRECTOR
Olin L. Molesworth, P. A., Damascus, Md.

Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

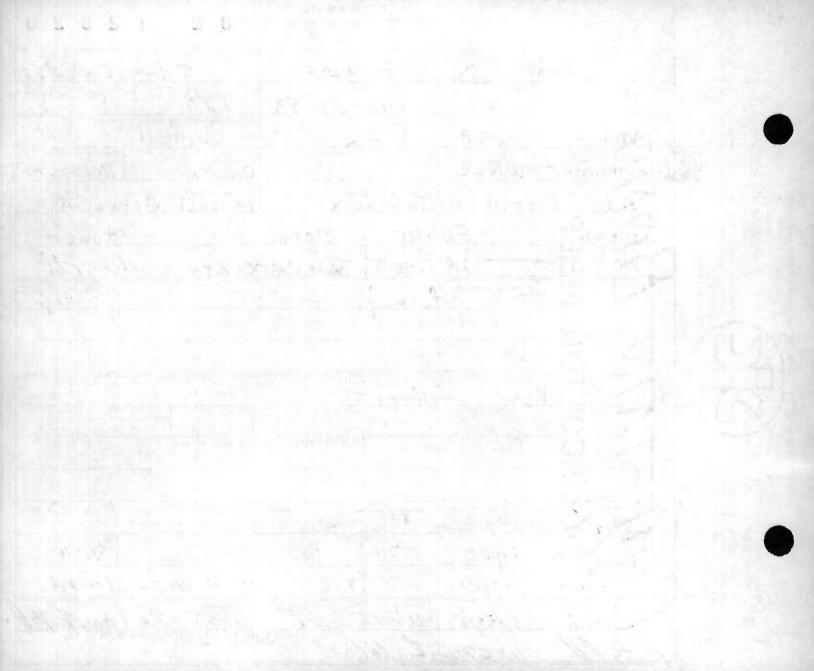
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



Pages 1 and 2 should be filed in

X	1 - FOR STATE REGISTRAR	
	REGISTRAR	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR					REG. NO	).			
		IRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR	
III'	Henry	Augus	st F	Freter, Jr.		May 29, 1982			9 A.	
1. SE	X	4. RACE		5. DATE OF BIRTH				UNDER 1 YEAR IF UNDER 24 HRS		
	Male	Whi	e	Sep	t. 1°0,18°9°4	87	YRS.	3 19	HOURS	
7a. 8	IRTHPLACE (STATE OR FORE		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
1	Maryland	U.S.		WIDOWE	D DIVORCED	Carroll				
	Sykesville  11. NAME OF HOSPITAL, NURSING HOME OF SYKESVILLE  (IF NOT IN SUCH FACILITY, GIVES TREET ADDRESS)  5271 Freter Road					126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Farmer-Retired				
13a.	AL RESIDENCE (IF NURSING STATE 138 Aryland	HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE ALL 13 CITY OR TOWN Sykesvi		13d. INSIDE CITY LIMITS? YES NO 🖎	13. STREET ADDRESS 5271 Fre	eter Ro	d.		
14. F	ATHER'S NAME				15 MOTHER'S MAIDEN NAM	AE .		31 01		
	Henry	August	Freter	,Sr	Ernest			eintz	man	
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	220-34-7		Bertha S. F	reter, Sa		#13		
Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								5)	
RTIFICATION	19a DATE OF OPERATION	N 196 CON	DITION FOR WHICH O	PERATIO	N WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES YES				
S	OR CONTRIBUTING CAUSE OF DEATH HOUR A		E OF INJURY A.M. MONTH DAY YEAR P.M., 19			ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)		
MEDICAL	214 INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK	OF INJURY  TREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION  STREET			CITY OR TOWN COUNTY STATE					
	27a. I certify that (1) (this hospital) attended the deceased from 1973, 19, to May 29, 19, 82, that (1) (wo) la saw the deceased alive on May 29, 19, 82, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above, (1) (wo) (didn't (did not) view the bady after death.									
	226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5-31-82									
	22d PHYSICIAN'S NAMI Howa	rd E. Ha	II M.D.		Sykesville, Md.					
23a.	BURIAL, CREMATION, REA (SPECIFY) Buria		1.982 Nes		h Lutheran	23d LOCATION CITY OR TOWN Berret.t.	. Car	roll	. Md ATATE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbanpapent with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal. IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

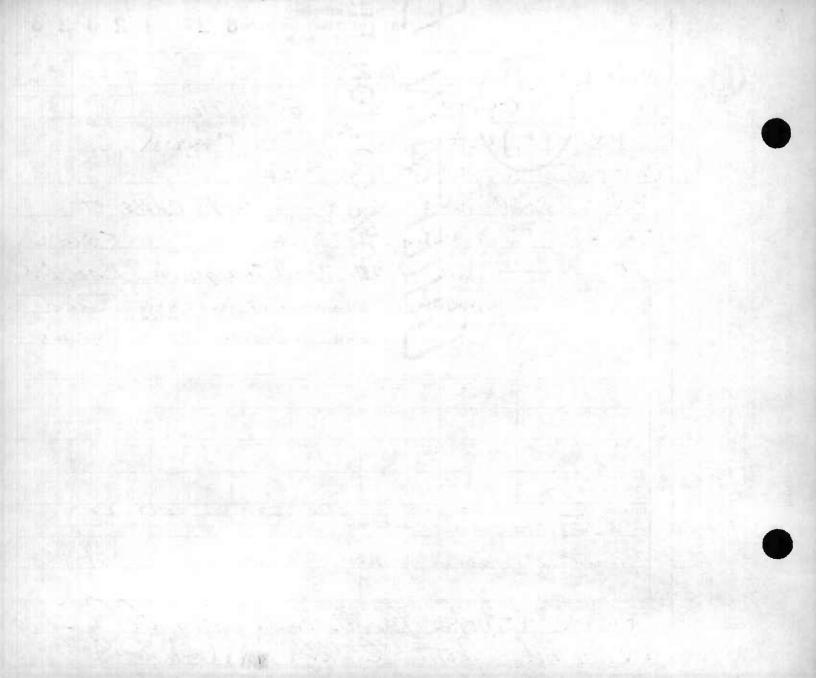
Charles W. Burrier, Jr., Sykesville, Md.

250 DATE OF BY RETURN AR 250 REFUSIRARS SCHATURE

DHMH-16 30M 2/80 (VRA 15, 4)

do the new section . An ander 1982 a low sall transport defeated to be to be a single CHEST TO SECURE OF THE PROPERTY OF THE PROPERT Township the state of the state and the state of t bil alliversive the Link Link a free oh our of Mary Massier Legisland Services introlling That it a state of the state of Belleville Committee and the same Warren T Carrett Cara 11. Lowly Harman Croscow, Harman Marketter, Harman Oster, H. . Charles S-20-82 Hange tend Cometery semasteed Corroll was Nine North case, haspetend, bd. 23orn - the post of the

1. SEX   4 RACE   S. DATE OF BIRTH   S. AGE (INTERS LAST BRITICAL)   DUBLISHED   Vas.   Pas.   Pas	LOCKSASED NAME   1833
DECRASED NAME	DECEASED NAME
SERVING   STATE   ST	SEX   SACE   S
1. SERVICE   S. DALE OF BIRTH   S. ADE (IN-YEAR LASS BRIDGAY)   S. DOUTE   YEAR   S. DOUTE	3. SEX   SEXTRIPLACE   SULT CHORGON   TO CHIZEN OF WHAT COUNTRY?   SEXTRIPLACE   TO CHORGON   TO CHIZEN OF WHAT COUNTRY?   TO CHORGON   TO CHIZEN OF WHAT COUNTRY   TO CH
TEAS OF THE STATE	THE SETTIFFACE 13AT CONTROLOGY AS A CONTRIBUTION OF MARKED NOT THE ASSETT OF COUNTRY OF DEATH    TO CITY OF TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION   17. SUBJAC OCCUPATION   17. SUBJAC OCCUP
THE BIRTHPLACE SULVE ORDER ON THE CHIZEN OF WHAT COUNTRY?  MARRED NOVER MARRIED   18 BALTIMORE CITY OR COUNTRY OF DEATH WIDOWSD   18 CITY OR COUNT	THE RETURN OF DEATH  IN CITY OR TOWN OF DEAT
The country	MARKED SINVER MARRED    NAME OF HOSPITAL, NURSING HOME OF COTHER INSTITUTION
10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NUBSING HOME OR OTHER INSTITUTION   17E DIS AGE OF WORKER LIFE   17E DISTANCE AND INCIDENT SECURITY NO.   17E	19. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   174 INVESTIGATION
Last	USUAL RESIDENCE IF MINISTER CONTRIBUTION OF EXERCISE MORES  USUAL RESIDENCE IF MINISTER CONTRIBUTION OF EXERCISE MORE CONTRIBUTION OF EXERCISE MORE CONTRIBUTION OF EXERCISE MORE  INC. THE FATHER'S NAME  MODIE  MADDIE  MADD
13a STAYE   13b COUNTY   13a GTY OR TOWN   13a MSSIDE CITY LIMITS?   13b STREET ADDRESS   13c STAFE	18 STATE   19 COUNTY   19 MINOR
136 STATE   138 COUNTY   136 GTY OR TOWN   136 STORES   136 STATE   137 COUNTY   136 STATE   137 COUNTY   137 STATE   137 COUNTY   138 STATE   138 STA	13 SERE   13 CONTY   13 GIT ORTON   13 A RESPECTITUMES   13 STREET ADDRESS   14 FEB.   15 MOTHER'S NAME   15 MOTHER'S NAME   15 MOTHER'S NAME   15 MOTHER'S NAME   15 MOTHER'S MAIDEN NAME   15 MOTHER'S MAIDEN NAME   16 MODE   16 MOTHER'S NAME   16 MODE   16 MOTHER'S NAME   16 MODE   17 MODE   16 MODE   1
15 MOTHER'S MAIDEN NAME   MODIE   MO	15. MOTHER'S MAIDE NAME  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH LEnter only one couse per line for ion, (b): and ic.  18. CAUSE OF DEATH LEnter only one couse per line for ion, (b): and ic.  18. CAUSE OF DEATH LEnter only one couse per line for ion, (b): and ic.  18. CAUSE OF DEATH LEnter only one couse per line for ion, (b): and ic.  18. CAUSE OF DEATH LEnter only one couse per line for ion, (b): and ic.  18. CAUSE OF DEATH LEnter only one couse per line for ion, (b): and ic.  18. CAUSE OF DEATH LEnter only one couse per line for ion, (b): and ic.  18. CAUSE OF DEATH LEnter only one couse per line for ion, (b): and ic.  18. CAUSE OF DEATH LENTER ONLY AND
1865   MADDLE   1851   MADDLE	No   No   No   No   No   No   No   No
NOT THE STORY OF CONTRIBUTING   1/2 SECURITY NO   17 INFORMANT   ADDRESS   166 SOCIAL SECURITY NO   17 INFORMANT   ADDRESS   166 SOCIAL SECURITY NO   17 INFORMANT   ADDRESS   167 S. GVE WAR OR DATES)   216 - O7 - 384	186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   187 CAUSE OF BEATH (IF THE ORIF ARE BOATES)   196 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 1)   18 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 1)   18 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 1)   18 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 1)   19 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 1)   19 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 1)   19 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 1)   19 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 2)   10 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 2)   19 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 2)   19 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 2)   19 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 2)   19 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 2)   19 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 2)   19 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 2)   19 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 2)   19 CAUSE OF BEATH (IF THE ORIF ARE TO REPARE 2)
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   METASTATIC CARCINOMIA OF PELVIS R. FEMUR   WEEL OF COnditions, if ony, which gove rise to immediate couse (b), storing the underlying couse loss. Storing the underlying couse loss. (c)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED   700, AUTOPSY?   200, IF YES, WERE FINDINGS   YES   NO.	TEST OF CHANNOWN   (# 175. GRE WAR ORDATES)   216-07-384   HAZE SARIGIN IS   SARI
RATE OF DEATH LENTER ONly one couse per line for Ios, (b), and Ic.	18 CAUSE OF DEATH (Enter only one couse per line for io), (b) and (c)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   METH SYNTIC CARCINOMIN OF PELVIS R.FEMUR   DUE TO, OR AS A CONSEQUENCE OF   Conditions, if only, which or immediate couse io), stoling the underlying couse lost.   DUE TO, OR AS A CONSEQUENCE OF     PART 2. OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)   190 DATE OF OPERATION   186 CONDITION FOR WHICH OPERATION WAS PERFORMED   YES   NO   YES
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198 DATE OF OPERATION  198 CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING   YES   NO   Y	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 208. IF YES, WERE FINDINGS USED WICERTIFYING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY SOW the deceased drive an above, Ultiwe) (drid) (drid not) view the body offer death.  220. I certify that (i) (this hospital) attended the deceased from 3/2, 19 3/2, to 19 3/2, that (i) (v sow the deceased drive an above, Ultiwe) (drid) (drid not) view the body offer death.  221. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 120 DIRECTOR PHYSICIAN 121 DIRECTOR PHYSICIAN 122 ADDRESS
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Maje   White   Peb   1   1982   Yes   3mo.   Town		PE ORPRINI)	JOSHUA	Danie	1	HANSBROUGH				
Selection   Park   Married	3. SE	X 4. RA	MONTH	DAY YEAR			MIN PRONOUNCED			1:5
TARKOND PARK, Md.  U.S.A.    VIOLED DONCED   Carrol   County										a
In Cause of Death (Enter only one course per line for (a), (b), and (c))   PART IDEATING CONSTRUCTION (IV) SUDDENCY (C)   PART IDEATING CONSTRUCTION (IV) SUDDENCY (IV) S	FC	OREIGN COUNTRY)			MAR		D &	ORCOUNT	OF DEATH	
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Tarry town   Tangy town   Tan	JSU	Laneytown	DESINE HOME OR OTHER IN	STITUTION, GIVE RESIDENCE BE	FORE ADMISSION)					
15. MOTHER'S MADE   Maria   Janina   Jardeleza	130. 5	STATE	136. COUNTY	13c. CITY O	RTOWN		260 E. Balte	st/		
James   Jamina   Janina   Jardeleza		ATHER'S NAME				15. MOTHER'S MAIDER	NAME			
No   No   No   No   No   No   No   No	3	-	_					Jard		
To contributing   Conditions (on the underlying course per line for (a), (b), and (c).)	160.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 166. SOCIA						187
18   CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   PART I DEATH WAS CAUSE OB BY:   MAMEDIATE CAUSE (a)   SLIDING Infant Death Syndrome   Conditions, if any, which gover rise to immediate couve (a) storing the under-lying cause lost.   (c)     PART 7 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO GAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I ia.     190. DATE OF OPERATION   190. CONDITION FOR WHICH OPERATION WAS PERFORMED?   210. AUTOPSY? YES W     110. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH OUR AM. MONTH DAY YEAR UNDERLYING CAUSE OF DEATH P.M. 19   211. INJURY OCCURRED WHILE   NOT WHILE   212 PLACE OF INJURY (A! HOME. STREET)   STREET   CITY OR TOWN   COUNTY     212. Inspection   Inquiry   Order than Inquiry   Order tha	1		(IF YES, GIVE WAR OR DA		ne	James Hans				
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death resulted fram: Natural causes X. Accident . Suicide . Hamicide . Undetermined manner .  ACTUAL SIGNATURE . M.D. ASSISTANT MEDICAL EXAMINER . SIGNED . 5-23-8:  EXAMINER'S NAU!										
ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER SIGNED 5-23-8.  EXAMINER'S NAME (TYPE OR PRINT)  Ann M. Dixon, M.D.  ADDRESS 111 Penn St., Balto., Md. 21201  236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECELY)  Burial May 25,1982 St. Joseph's Cemetery Taneytown, Carroll, Maryland 2178 136. DATE Taneytown, Maryland 2178 136. DATE RECOLD BY REGISTRAR 256 BY		77s. I certify that	I taak charge of the				L, Inquiry L,	and in my apir	nian	
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Type or printy   Ann   M. DIXON,   M.D.   Address   Till   City of Town	1	SIGNATURE	11.0	July -		W.D	MEDICAL EXAMINER	SIGNED		
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24 FUNERAL DIRECTOR  Taney town, Maryland 21/8 756. DAJE REC'D. BY REGISTRAR 251 HOUSE AND		Burial	May	25,1982 St.	Joseph's	Cemetery	Taneytown, C	arroll,	Maryla	and
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STATE OF MARYLAND

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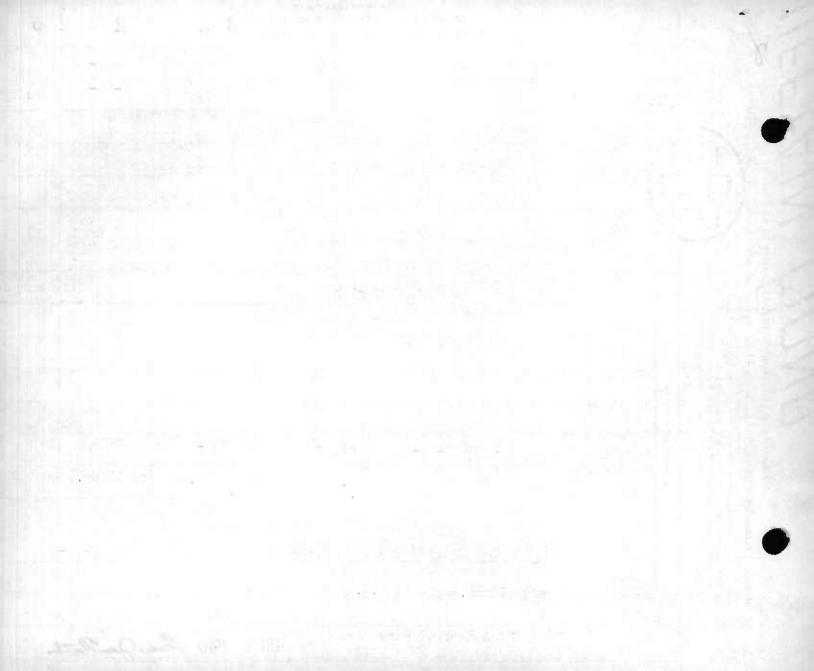
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FOR

REGISTRAR DECEASED NAME

- STATE

TYPE OR PRINTS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2n DATE OF DEATH

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David Hildebrand Oscar 4 RACE 3. SEX DATE OF BIRTH AGE LIN YEARS LAST BU 16 15 12 65 White Male a. BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED TO Carroll 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPAT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Springfield Hospital Center Sykesville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ARMED FORCES 17 INFORMANT LYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) Hospital Records yes 18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE O underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINERS P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from... December 8 80 May 18 sow the deceased alive on \_, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR | PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

231 NAME OF CEMETERY

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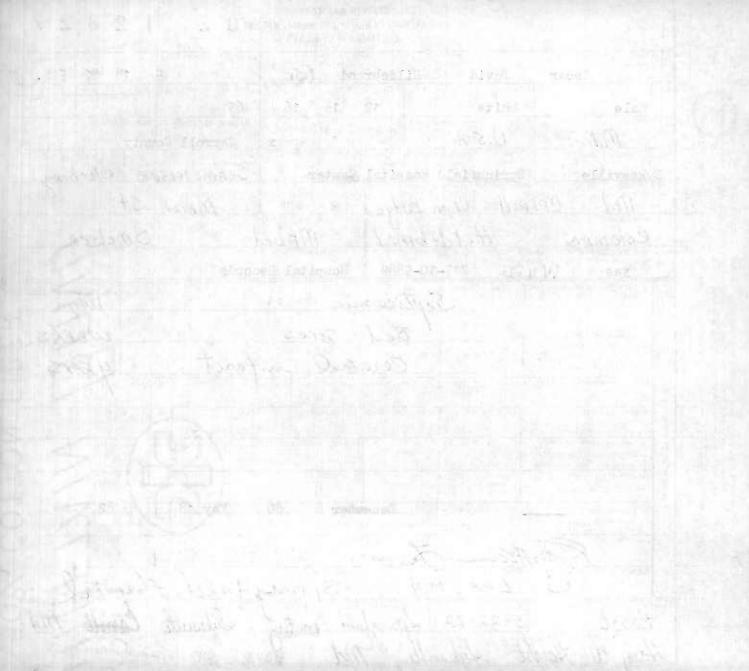
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230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23b. DATE

22-82



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30	2	Frank	E.	Hoffman		Annie	M.		Flickin	ger
2 dedico		VAS DECEASED EVER IN U.S.  YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES GIVE WAR OR DATES!		RITY NO. 1	7 INFORMANT	ADDR	ESS		
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t, the		18 CAUSE OF DEATH (Enter	only one couse p	per line for (o), (b), one	die 1.	*		1	APPROXIMA BETWEEN ONS	SET AND
ver		PART I. DEATH WAS CAL	IATE CAUSE (a)	Acule c	ماصم	- respirato	my pil	ma	-	
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7	TIF						YES NO			NO [
0		21a. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH DA	Y YEAR	No. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IE	8 PART   OR PART 2)	
7	CAL	OR CONTRIBUTING CAUSE OF	DEATH	P.M.	19					
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	>	WHILE NOT WHILE AT WORK	(AT HOME,	SIREET, FACTORY, OFFICE, FA	ARM, EIC.)	Jines.				
		220.1 certify that (I) (this ha	spinal) attended	the deceased from_	5 -	5 , 19 52	to 3 - /	7	, 19 82 , the	ot (1) 44
7		sow the deceased alive above, (1) (and) (did) (did)	on		2, ond	that in (my) (my) opinion (	death occurred on the d	ote and he	our and from the co	uses stot
		2th SIGNATURE	view the bo	A difer death.	DE	GREE	/		22c. DATE SIG	GNED
		Ken	10 6		nus	ATTENDING	MEDICAL STA	FF CLAN [	5-1	5-0
-	7	22d PHYSICIAN'S NAME IT	re dia menteri		1	22ª ADDRESS				
MPOKIAN		RENZO	RIE	an r		2843 BAC	IT, BLU. Y	.F/	INKSISU	Ra
ž –	23n F	SURIAL, CREMATION, REMOV				AETERY OR CREMATORY	23d LOCATION			
		SPECIFY)	5-18-				CITY OR TOWN		COUNTY	ST
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31		NAME	Uomo II.	ADDRESS	(4 ).	1074	MAY 2 0 198	0 21		on
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od be		CEASED NAME OR PRINT)	Carrie	RACE	-	ckson	May 16.	1982	YEAR 26 HOUR
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n and co		VAS DECEASED EVE yes, no or unknown)			-38-9807 B	Mrs. Alvina		e as abov	
that the death certificate by by the attending physicion ease remove carbon papers of, cremation, or removal.		PART I. DEATH  Canditions, if or gove rise ta is cause (a), stounderlying counterlying counterly	IMMEDIATE  Ty, which  mmediate  ting the	DUE TO, OR AS A	CONSEQUENCE OF	ms duago	<b>W</b> Q		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
he low requires on. hos been signed if permit. Then pli ene prior to burit ows any injury, o	CERTIFICATION	1	atos	melata		NOT RELATED TO THE TER	20a. AUTOPSY? YES NO	20b. IF YES, WI	ERE FINDINGS USED G CAUSES OF DEATH? NO
ING PHYSICIAN: The rattending physicion, ther this certificate has as the buriol-tronsit past the buriol-tronsit prith and Mental Hygien orked or Item 18 show	MEDICAL CER	21a. ACCIDENT WAS U OR CONTRIBUTING  (# EITHER, NOTIFY MEE 21d. INJURY OCCU WHILE NOT	CAUSE OF DEAT DICAL EXAMINER) IRRED	P.M. 21e. PLACE OF INJ	ONTH DAY YEAR 19	211 LOCATION STREET	RRED (ENTER NATURE OF IN		OR PART 2)  COUNTY STATE
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DHMH - 16 50M 7/77 (VR A 15 (4))		Cully Fur	reral H	ome, 130 E.	Fort Ave. B		ATE REC'D. BY REGISTRA AY 24 1989	R 25b. REGISTRAR	'S SIGNATURE

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lu . 1 . 2 01 . +	1. DEC	EGISTRAR EASED NAME OR PRINT)	JAMES		DICAL EXAMINER  MIDDLE  E.	LAKE. JR.	OF	REG. NO.	MONTH DAY YEAR 26, H
PLEAS CTOR FILES FOUR TREET	). SEX	1	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DAT	TE "	ONTH DAY YEAR 24. H
CESTAN PLEASE PRESION STREE	Ma		White	6 27	25 56 YRS.	MONTHS DAYS HOURS	DEA	ND .	5 8 19 82 8:
THE STATE OF THE S	FOR	THPLACE (STATEGE COUNTRY)  ryland	E OR	76. CITIZEN OF W	^	MARRIED NEVER MAR	RIED 📥		unty
ELAY IS NO THE FU.  J. PAGE S BE FILED. 35, 201 W		y or town or Henrytoi	1	Henryto	SPITAL, NURSING HOME, OF ACILITY, GIVE STREET ADDRESS) ON HOSPITAL CE	other institution	12a. USUAL OCC FOR MOST OF WI None	UPATION (TYPE OF	
RETAIN D	13a. ST	RESIDENCE (# ATE ryland	18b. GOUNT	Arundel	NE RESIDENCE BÉFORE ADMISSION) 13c. CITY OR TOWN  Pasadena	13d. INSIDE CITY LIMITS? YES DE NO	18 Wes	ress <b>t Pasade</b>	na Road
ESTH. III	5	THER'S NAME FIRST	I	MIDDLE Almer	LAST <b>Lake</b>	15. MOTHER'S MAIL FIRST Martha	DEN NAME	MIDDLE A.	Mitchell Mitchell
S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN INISION OF	16a. W		VER IN U.S. ARA	AED FORCES? WAR OR DAYES)	213-22-1857		E. Horky	ADDRESS Severna	Park, Mi.
IN 24 IN 11E/ IN 1TE/ SIT PER MOVA		780	3	E CAUSE (a)	Cachexta Sei	zure disord	er		
EXECUTED WITHIN 24 F EXECUTED WITHIN 24 F ING": IN PENCIL IN ITEA ICAL EXAMINER ALON A BURIAL TRANSIT PER H AND MENTAL HYGIEN MATION, OR REMOVAI		780 Canditians, gave rise cause (a) st lying cause	if any, which to immediate ating the <u>underlast</u> .	(b)	JUGUALU				
HOLLD BE EXECUTED WITHIN 24 INC. POULD BE EXECUTED WITHIN 24 IN THE MEDICAL EXAMINER ALON USED AS A BURRAL TRANSIT PER POF HEALTH AND MENTAL HYGIE RIAL, CREMATION, OR REMOVA	FICATION	780 Canditians, gave rise cause (a) st lying cause	if any, which to immediate aring the under-	E CAUSE (a)  OUE TO, OR  (b)  DUE TO, OR  (c)  CONTRIBUTING TO DEATH	R AS A CONSEQUENCE OF	DISEASE DR CONDITION GIVEN IN I			2D AUTOPSY?
IFICATE SHOULD BE EXECUTED WITHIN 24 IN THE WORD "PENDING" IN PENCIL IN ITER WORD" PENDING". IN PENCIL IN ITER WOULD BE USED AS A BURIAL. TRANSIT PENSIT PEN	CAL CERTIFICATION	Canditions, gave rise cause (a) st lying cause  PART 2 DTHER SIGN  19a. DATE OF C	IMMEDIAT  if any, which to immediate ating the under- last.  IFICANT CONDITIONS OF	E CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR  (c)  (DITRIBUTING TO DEATH  19b. CONDI	R AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINAL  TION FOR WHICH OPERATION  FINJURY A. MONTH DAY YEAR	DISEASE DR CONDITION GIVEN IN I	PART 1 (g).	INJURY IN ITEM 18 PART	YES 🛣 NO
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EXAMINE CERTIFICA UID BE FO DIRECTOR	MEDICAL	Canditions, gave rise cause (a) st lying cause  PART 2 DTHER SIGN  19a. DATE OF CO  21a EXTERNAL UNDERLYING CONTRIBUTION 21d INJURY OC WHILE AT WORK  22a. I certify death resulted  EXAMINER'S N (TYPE OR PRINT)	IMMEDIAT  if any, which to immediate ating the under- last.  IFICANT CONDITIONS OF  PERATION  CAUSE WAS  CAUSE OF D  COURRED  AT WORK	DUE TO, OR  (b)  DUE TO, OR  (c)  CONTRIBUTING TO DEATH  19b. CONDI  21b. TIME O  HOUR A.A.  DEATH  21c PLACE  SIREET, FAC	R AS A CONSEQUENCE OF  RAS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINAL  TION FOR WHICH OPERATION  FINJURY A. MONTH DAY YEAR A. 19  OF INJURY (AT HOME, 17 TORY, FARM, ETC.)  SCRIBED BOVE, HEIM  ACTION SUCCESSION SUC	DISEASE DR CONDITION GIVEN IN I	PART I (0).  RED (ENTER NATURE OF CITY OR I  On , Inquir  Undetermined I	y , and in manner , and in MINER	YES X NO COUNTY S  THOMPART 2)

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5/12/92 Hiverview Cemetery Streetung Shenmaloon Va

275-22-1857 Thelms E. borky Severna ers. 15 m

20	FOR 1 - STATE REGISTRAR	DEPARTMENT OF HE MEDICAL EXAMINE	OF MARYLAND ALTH AND MENTAL HYGIENE R'S CERTIFICATE OF DEATH REG. NO.	2833		
		orge C	Lee OF ESTI-	5 25 19 82 A		
ARY FOUR N72 H	3. SEX 4. RACE Whi	1201 TT 10900 1Kg.	MONTHS DAYS HOURS MIN PRONOUNCED DEAD	19		
PLAY IS NECESSARY TO THE FUNERAL DIRECT N PAGE 5 FOR YOUR BE FILED WITHIN 22 H DOS: 201 W PRESTON ST	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Bloomsburg Pa.	USA	MARRIED NEVER MARRIED   9 BALTIMORE CITY OR C	COUNTY		
DELAY IS TO THE PE FILED	Silver Run	11. NAME OF HOSPITAL, NURSING HOME, C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rt#97 near Humbert	SchoolhouseRd Manager Elect	rolux Corp.		
FANY DELAY FAND 3 TO TI FRAIN PASS SHOULD BE FI	Pa. Yo	DIE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  DUNTY  THE CO.  13c. CITY OR TOWN  Hanover	13d. INSIDE CITY LIMITS? YES NO   13e. STREET DORESS Forne	Forney Ave.		
E, MC	M. FATHER'S NAME Clyde	MIDDLE LAST	15. MOTHER'S MAIDEN NAME MIDDLE MADLE	Lee		
BALTIMOR URS AFTER DE B. GIVE PAGE WITH FORM T. PAGES 1 A DIVISION OF	Yes, NO, OR UNKNOWN)  Yes  Yes	ARMED FORCES? GIVE WAR OR DATES) 166. SOCIAL SECURITY N 164-24-3924		ver Pa,		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS, WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WARDED BE USED AS A BURIAL. TRANSIT PERMIT. STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Canditians, if any, which gave rise to immed cause (a) stating the unlying cause last.  PART 2 DTHER SIGNIFICANT CONDIT	DIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF (b)  (b)				
SHOULD E SHOULD E OND "PEN CHIEF ME E USED A T OF HEAL URIAL, CF	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED?	20 AUTOPSY?		
DIVISION OF VITAL RECORDS, 201 W.  JATE, WRITING THE WORD "PENDING" IN PEN  FORWARDED TO THE CHIEF MEDICAL EXAMIT  FOR FAGE 3 SHOULD BE USED AS A BURIAL - TR  HE STATE DEPARTMENT OF HEALTH AND MENT  ND, 21201 PRIOR TO BURIAL, CREMATION, OR	196. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	OF DEATH 10 • P.M. 5/25 19 82	driver in auto/pickup truck correct control of multiple is part driver in auto/pickup truck correction  Rt97nearHumbertSchervorrown Rt97nearHumbertSchervorrown	ollision Iverkun, MD state		
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFFER DEATH, WITH THE STY BALTIMORE, MARKAND, 2		harge of the remains described above, held an statuted touses . Accident XX Suicid	Hamicide Undetermined manner .  TITLE (SPECIFY)	DATE SIGNED 5/26/82		
TO MED SECUTE PAGE 4 FO FUNI SALTIMO	EXAMINER'S NAME (TYPE OR PRINT)  230. BURIAL, CREMATION, REMOVA	Hormez R. Guard, M.D.	ADDRESS 111 Penn Street, Balto	o.MD 21201		
BP	Burial  24. FUNERAL DIRECTOR		et Cemetery    256. Date rec'd. By registrar   1256. Date rec'd. By rec'd.	Pa: SIGNATURE		
DHMH - 17 (VR A15 ME (5) ) 15M 2/80		Home Reisterstown, Md.		2 miles		

. The section of the section of TES E. - CEMEN AVE. 264-292A Pre. Turbers L. Cen Handyer Toy

lamein language Cointerstoon, Md. 20126 Will 20 1015 Williams

injury, ar other troumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 shaws any

REGISTRAR		CERT	IFICATE OF DEATH	REG. N	0		
1. DECEASED NAME FIRST	M	NDDLE	LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
Lillie	Sea	al M	lathis	300	1-14	-82	Met 28 O
3. SEX	4. RACE		E OF BIRTH	6 AGE (IN YEARS LAST BI		F UNDER 1 YEAR	IF UNDER 24 FIRS
Female	White	2.0	rch 11, 1909	73	YRS	ONTHS DATS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY? 8		9 BALTIMORE CITY	7110	OF DEATH	
Tenn.	US.		RIED NEVER MARRIED	Carroll			MD.
10 CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOM	E OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
Wes tminster		1 County Hos	pital	H.wife	OF WORKING LIFE)	Home	
USUAL RESIDENCE (IF NURSING HOME 130 STATE 1136 COL	OR OTHER INSTITUTION		(20)	In CIRCL ADDRESS			
130 00	roll	Sykesville	YES X NO	13e STREET ADDRESS 122 Gaithe	r Dr.		
14 FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME		LAS	
Abijih		Seal	Amanda	WIDDLE		Rhea	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO	D. 17 INFORMANT	ADDR	ESS		
no		214-32-4056	Charles Mat	his same	as #13	W B	
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)	AS A CONSEQUENCE OF	levolic te	an dis	ease		0
	CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	a
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDIT	TION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
OR COLUMNIA COLUMN	EATH HOUR A.A	A. MONTH DAY YE		RRED (ENTER NATURE OF INJU	RY IN ITEM TE PAR	RT I OR PART 2)	
OR CONTINUOUS COLORED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did in	on_ TIY	1987	ond that in (my) (our) opinion	death occurred on the d	ate and hour c	and from the	
talitie		Nagamy	DEGREE ATTENDING PHYSICIAN [	MEDICAL STA		27c. DAJE	14182
22d. PHYSICIAN'S NAME (TYPE		000	22e ADDRESS	mis 87- 1.10	1-min	v8(51	MARIE

23c NAME OF CEMETERY OR CREMATORY

Seal's Farm Cem.

BP\_\_\_\_\_\_ DHMH - 16 50M 1/81 (VRA 15, 4)

Prancis H. Barber Laytonsville, Md. 20879

May 17,1982

236 DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

Etchison, Mont. — Md.

ATERICO BY REGISTRAR 256 REGISTRAR OF GNAVOR

23d LOCATION

the state of the s the first and the first terms of the same THE BUT SHEET WITH THE STREET STREET were promised the second of th Excelence, word. = WM. Marketing Made Ha 以第二日 (Challes et levels and care in the party of t

STATE OF MARYLAND

MAY - 1 7 882 Fare Jan Jantak

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	n. Poge 4 moy be
	r deort
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be
	0

	STATE OF MARYLAND					
TP AR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	2	1	2	8	4

	- STATE REGISTRAR				CERTIF	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	0.	2 8	3 (
	ECEASED NAME E OR PRINT)	FIRST	77	WIDDLE	ILLER	LAST	20. DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
3 SE				• 141.		-	4.05	2 /	482	045
3 35	FEMALE	50.0	4 RACE WHI	TE	5. DATE C	23-1921 <sup>AR</sup>	6. AGE (IN YEARS LAST BIR	YRS	ONTHS DAYS	HOURS
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	MD.		U.S.A		WIDOWE	ED DIVORCED	CARROL	L		
1	WESTMINST		LIF NOT IN SU	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET LL CO. GE	ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW IF	F WORKING LIFE	12b. KIND O INDUSTRY HOM	
13a S	AL RESIDENCE (IF NUR STATE MD.	SING HOME OF I	ITY	IS CITY OR TOW WESTMINS	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	NTOWN		<u> </u>
14. F/	ATHER'S NAME	1		1	3 4 13 1 (	15. MOTHER'S MAIDEN NA		IN I OWIN	ROAD	
	HARR	Y ^	MIDDLE	DKINS		MARY	E. R	OUTDAI	LAS	1
160 V	MAS DECE ASED EVED	IN U.S. ARA		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR			
ij	NO OR UNKNOWN)	"NON"	WAR OR DATES)	314-34	2429	BARBARA BAR	NES 2515 II	NOONTO	OWN RD	27.75
	IN CAUSE OF DEAT	H (Enter onl	ly one couse ne	er line for (o), (b), one						IMATE INTERV
	PART I. DEATH V	VAS CAUSEL	D BY: E CAUSE (a)			UNATION				ONSELANDO
	Conditions, if ony gove rise to im couse (a), statu			OR AS A CONSEQUE	ENCE OF	R HEPAT			1 100	LEV
ATION	gove rise to im couse 101, stotu underlying couse PART 2. OTHER SIG	mediote ng the e lost NIFICANT C	(c) CONDITIONS C	OR AS A CONSEQUE PERFORMEN CONTRIBUTING TO D	ENCE OF  DEATH BUT	RETROCHECH	L APPEND IINAL DISEASE GREEN	IX C DIFFERENCE	1 W	EEK
TIFICATION	gove rise to im couse (a), statu underlying couse	mediote ng the e lost NIFICANT C	(c) CONDITIONS C	OR AS A CONSEQUE PERFORMEN CONTRIBUTING TO D	ENCE OF  DEATH BUT	RETROCAECA	L APPEND	DIFFES,	WERE FINDING CAUSES	O NGS USED
AL CERTIFICATION	gove rise to im couse (01, stotil underlying couse) PART 2. OTHER SIG	mediate ng the e lost  NIFICANT C	19b CONE  21b TIME 6 HOUR A	OR AS A CONSEQUE PERFORMATE CONTRIBUTING TO D  OTTOM FOR WHICH  OF INJURY A.M. MONTH DA	ENCE OF  DEATH BUT  OPERATIO	RETROCHECH	ZOO AUTOPSY?	DIFFES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH
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	gove rise to im couse [0], storium underlying couse PART 2. OTHER SIG	mediate ng the e lost  NIFICANT C  TION  DERLYING CAUSE OF DEAL EXAMINER)  RED  MILE CONTROL  (this hospithed alive on a local examiner)	ONDITIONS CONTINUES OF THE HOUR A HOUR A HOUR A HOUR A HOUR A HOUR STORY OF THE HOUR A HOME. STORY OF THE HOUR A HOME. STORY OF THE HOUR A HOME. STORY OF THE HOUR A HOUR	OR AS A CONSEQUE  CONTRIBUTING TO E  DITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  TREET FACTORY, OFFICE, F.  The deceosed from  19	OPERATIO  AY YEAR  19  ARM. EIC 1	RETROCHECE NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR! 211 LOCATION STREET	ZOB AUTOPSY?  YES W NO CITY OR TO	20b IF YES, IN CERTIFY YES	WERE FINDING CAUSES  COUNTY	NGS USED OF DEATH NO   STA
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

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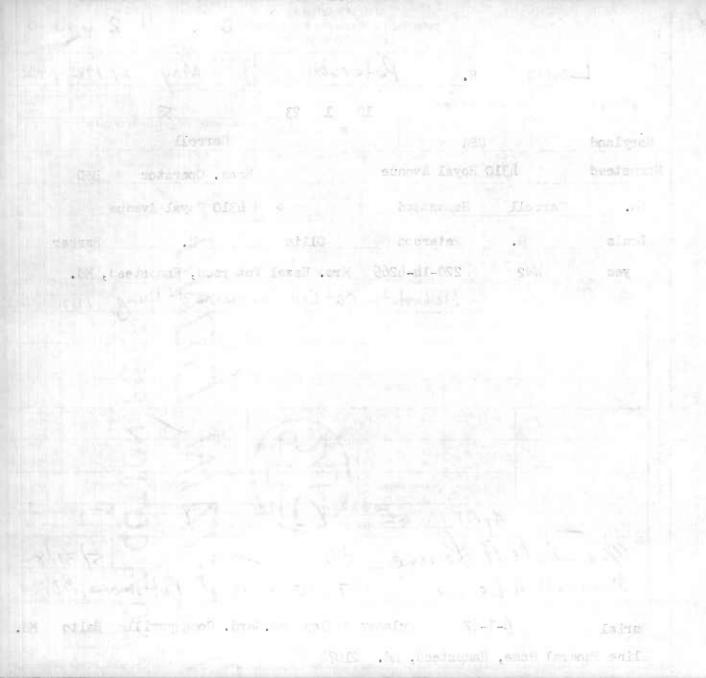
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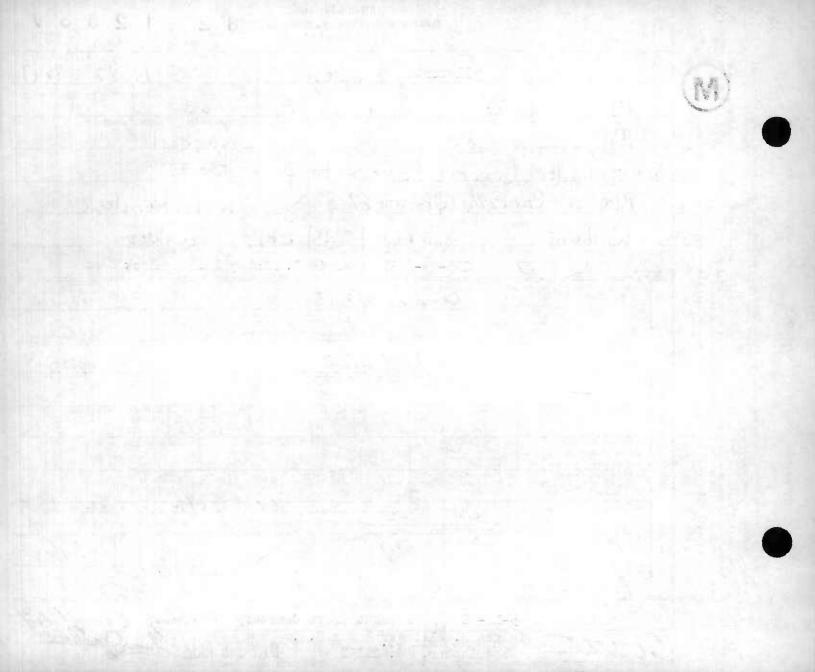
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH YEAR 75 HOUR erson 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mach. Operator B&D h310 Royal Avenue Barger Mrs. Hazel Peterson, Hampstead. Md. APPROXIMATE INTERV 206\_IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE (er) apinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNE PHYSICIAN DIRECTOR PHYSICIAN 6-1-82 Dulaney Valley Mem. Gard. Cockeysville

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REGISTRARS/SIGNATURE





Eline Funeral Home Reisterstown, Md. 21136

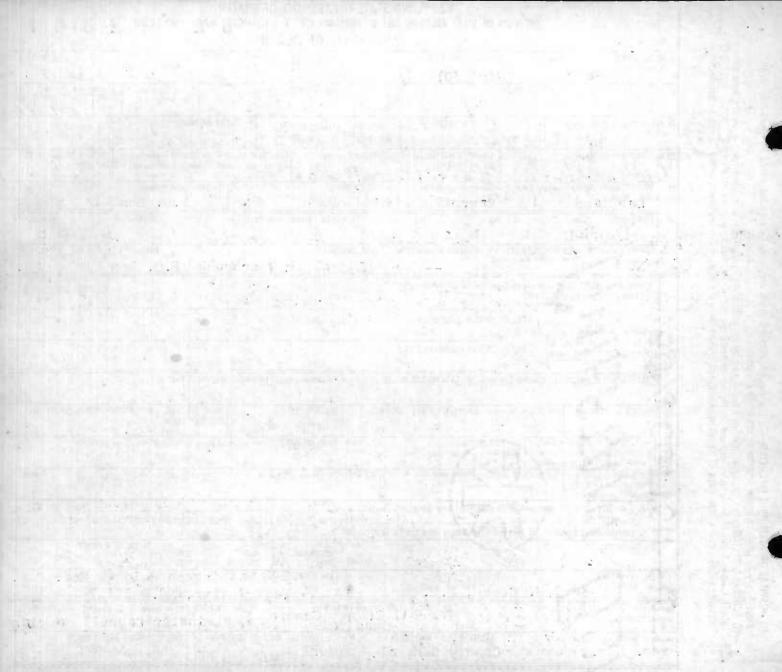
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STATE OF MARYLAND

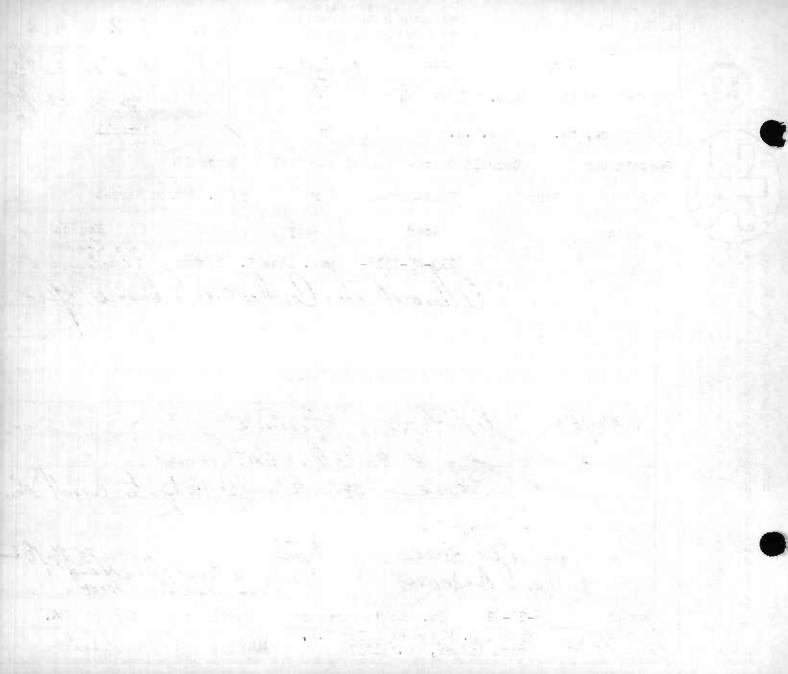
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FILE COLLEGE PROPERTY OF THE PERTY OF THE PE Months Hearth City 2012 TAZEGU MB. f f and a f estatester Correll Co. Com. Jones. . James and Commission M. Correct Stringery 26-26 the Hortzitzgion Bon Teb V. F. 2 212-01-1272 It. Moheal M. Hore of Pinkelner, Mt. Turini (ar 76,82 Inlanes Valley Growill (colored) ditto sammel flow Reinforces, AM, 22264 MARYLAND STATE DEPARTMENT OF HEALTH



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN TTYPE OR PRINTS OF ESTI-Hary Susan DEATH MATED 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 20. DATE CAST BIRTHDAY White 22 PRONOUNCED Female DEAD 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED B. GIVE PAGES 1, 2, AND 3 TO THE FINE WITH FORM PM. 3. RETAIN PAGE 5 FO T. PAGES 1, AND 2 SHOULD BE FILED. WIT DIVISION OK VITAL RECORDS, 201 W. nydersburg, WIDOWED TO DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Carroll County Cleneral Hospital OR INDUSTRY FOR MOST OF WORKING LIFE) Westminster USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE UBL COUNTY TEL THE BELLTY LIMITES 13-55 REEL ADDRESS rch Street 14 FATHER'S NAME 13. MOTHER'S MAIDEN NAME MEDIE MEDDLE John Reed I WAS DECEASED EVER IN U.S. ARMED FORCES? T. INFORMANT 166 SOCIAL SECURITY NO ADDRESS CYRS. 540. OF UNENCHARM I UP HES, GIVE WAR OR DATEST IN ITEM 18. GIVE TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WIT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PARTER REATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIN BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one course per ly b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF If any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a. DATE OF OPERATION 20 AUTOPSY? YES (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR MEDICAL CONTRIBUTING CAUSE OF DEATH RY FARM ETC I NOT WHILE AT WORK AT WORK Inspection 27s. I certify that I took charge of fifty remains described above, held Autopsy ond in my opinion Undetermined monner ACTUAL SIGNATUR EXAMINER'S NAM TYPE OR PRINT ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Cario. Mark's Cemetery nyders BP. 14 ECNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE omas ADDRESS **DHMH-17** (VR A15 ME (5)) 15M 2/80

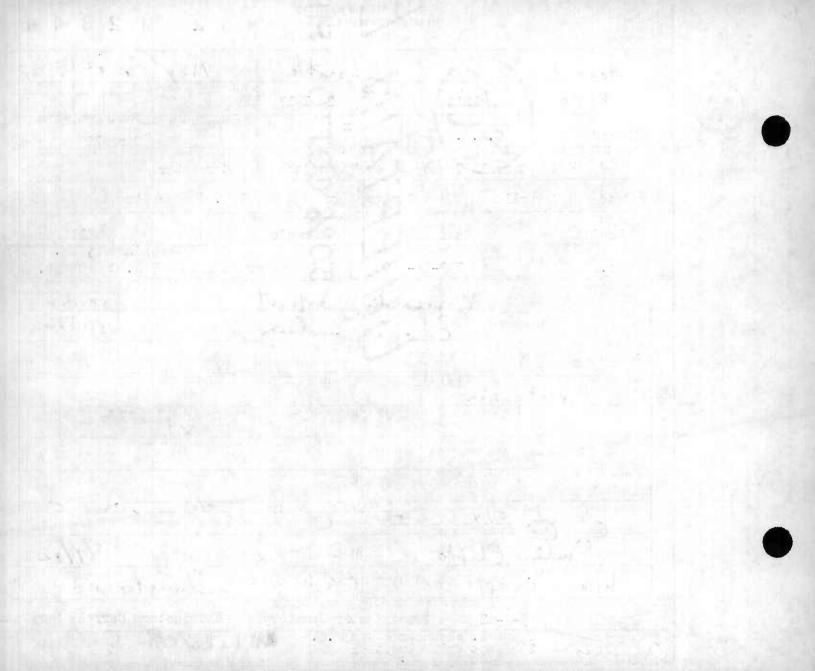
STATE OF MARYLAND



10-6	1 - STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR	
	1. DECEASED NAME FIRST MIDDLE LASY 20 DATE KNOWN X MONTH DAY YEAR 12h	HOUR
(MA)	HENRY RUPPERT DEATH MATED 5-18-82	AA
A SOUND STATE OF STAT	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   2c. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 5-18-82 19	J-135
ECESSAR INFRAL DR FOR YOU WITHIN T	**BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  **Jb. CITIZEN OF WHAT COUNTRY?  USA  **MARRIED   NEVER MARRIED   Carroll County  Carroll County	MD.
CO THE FILED, S. 201 W. S. 201 W.	10. CITY OR TOWN OF DEATH Westminster Union Mill  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) OR INDUSTRY Gen. Ele	ccc
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LI RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAR "PENDING" IN PENCIL IN 11EM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL D  FF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YO  REDAS A BURAL - TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHIN Y  HEALTH AND MENTAL HYGIENE, DIVISION OF VIVAL RECORDS, 201 W. PRESTONAL, CREMATION, OR REMOVAL.	APPROXIMATE INTER PART I DEATH WAS CAUSED BY:  Cardiac tamponade  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last.  APPROXIMATE INTER BETWEEN ONSET AND  Cardiac tamponade  DUE TO, OR AS A CONSEQUENCE OF  (b)  TUP tured myocardial infarct  DUE TO, OR AS A CONSEQUENCE OF  (c)	DEATH
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SION OF STIFICATE VG THE W SHOULD I PARTMEN RIOR TO	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVIS THIS CER WARDED PAGE 3 S TATE DEF	21d. INJURY OCCURRED  21e PLACE OF INJURY (ATHOME,  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  21l. LOCATION  STREET CITY OR TOWN  COUNTY	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	220. I certify that I taak charge of the remains described above, held an Autapsy XX. Inspection . Inquiry ., and in my apinian death resulted fram: Natural causes XX. Acquident ., Suicide, Hamicide Undetermined manner,  TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER SIGNED 5-20-82	
O MEDI XECUTE AGE 4 ( O FUNE FIER DE ALTIMO	EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS, 111 Penn Street  1336 BURIAL, CREMATION, REMOVAL 1236, DATE 1236, NAME OF CEMETERY OR CREMATORY 1234 LOCATION	
	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 5-24-82 Mt. Carmel Cem. Balto. Balto City. Mc	1.
0000 BP	24 FUNERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS	
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STATE OF MARYLAND



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136 E. Balto. St.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE \_\_\_\_, and that in (my) (our) opinion deoth accurred an the dote and hour and from the couses stated 22c. DATE SIGNED 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Lutheran Cemetery Taneytown, Md. SSIGNATURE Skiles Funeral Home, Tanevtown, Maryland 21787

7h HOUR

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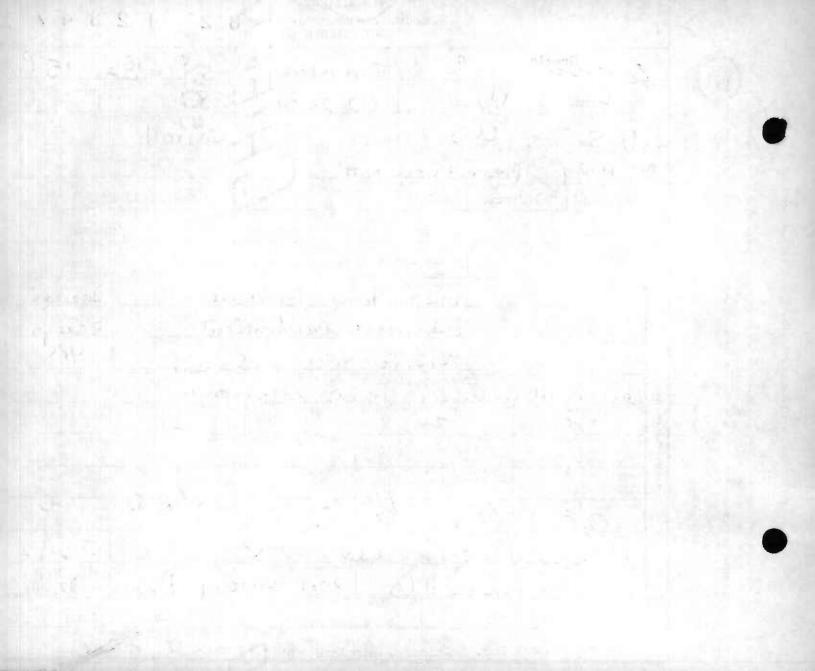
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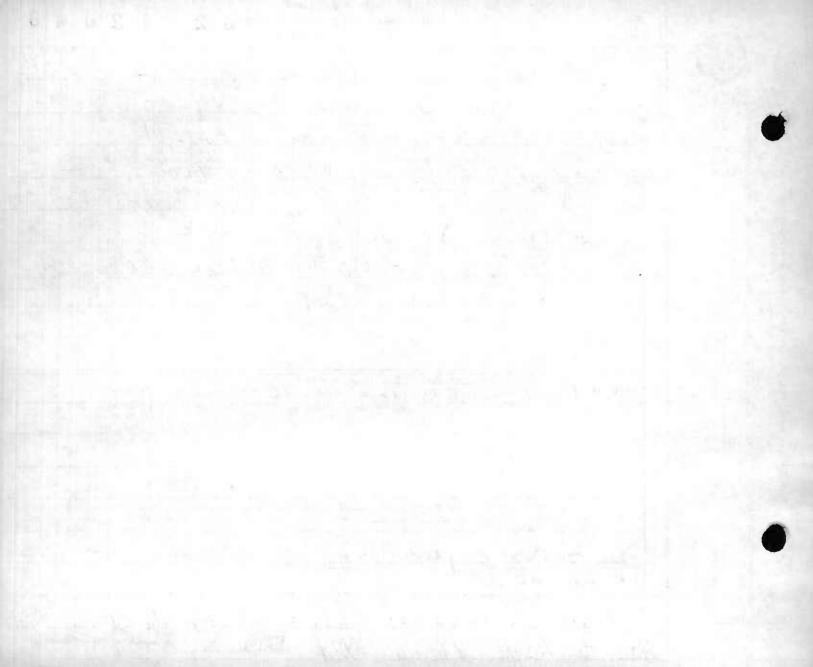
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24 FUNERAL DIRECTOR

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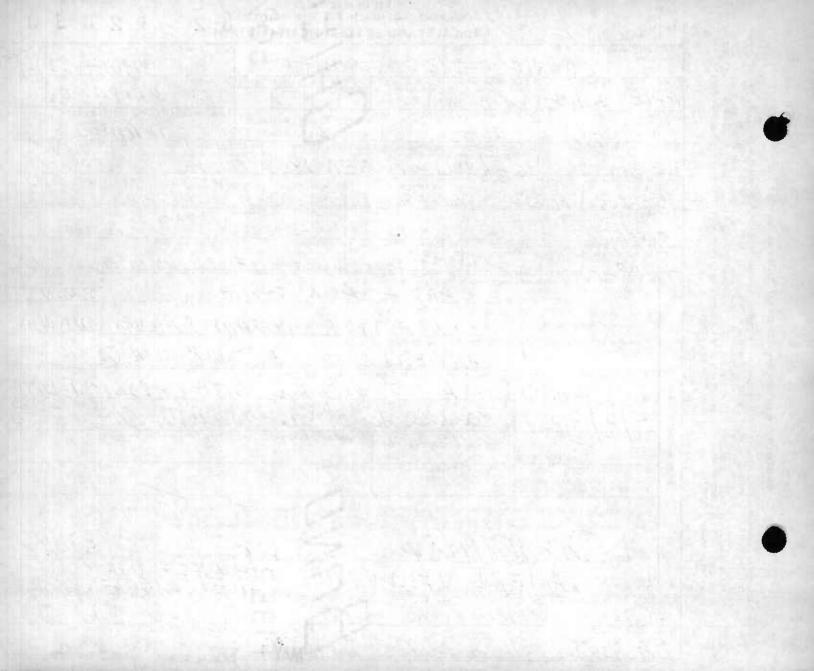


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENA - STATE REGISTRAR MIDDLE DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD YRS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY ARM TUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13d INSIDECITY LIMITS DIVISION OF WIAL 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE FIRST MOSER 5M17.11 7. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? PAGES . (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) UNION BRIDGE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY 2 MIN IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF RT FAILUREN DIOKIN Canditions, if any, which gave rise to immediate couse (a) stating the underlying cause last OF HEALTH AND AND FICATION DRWARDED TO THE CHI PAGE 3 SHOULD BE US STATE DEPARTMENT OF 21201 PRIOR TO BURML, JRRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (ATHOME, 211. LOCATION 21d. INJURY OCCURRED STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE WHILE DOT WHILE JOULD BE FOR AL DIRECTOR: TH, WITH THE S MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Homicide Undetermined manner ACTUAL PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALLMORE, MA SIGNATURE (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE BP 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/76



FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

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Male							.5	6 82	18:40P M
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						OUT CTIME	E .	- 1 C   M	4 2 1 1 4
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	TATE  ITHER'S NAME FIRST  Frederick  VAS DECEASED EVER IN U.S. A (15 YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (15 EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED  WMILE WMILE AT WORK  22a.1 certify that (1) (this hosy saw the deceased diverse and the content of t	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. TOTATE  13b COUNTY  7d.  CATPOLI  THER'S NAME FIRST  Frederick  VAS DECEASED EVER IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  10  18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE DBY.  IMMEDIATE CAUSE (D)  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost  PART 2. OTHER SIGNIFICANT CONDITIONS CO  19a DATE OF OPERATION  19b CONDITIONS  21a. ACCOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21a. INJURY OCCURRED  WHILE OF OPERATION  21a. TOTWHILE OT WHILE OF PRINTS  22a. I certify that (1) (this hospital) attended the above of the part of the course of the prints of the course of the part	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TATE  13b COUNTY  13c CITY OR TOW  Mt Aire  13d COUNTY  13c CITY OR TOW  Mt Aire  13d COUNTY  13d COUNTY  13d COUNTY  13d COUNTY  13d COUNTY  13d COUNTY  13d CAUSE OF DEATH  14f Extension  15d COUNTY  16f EXTENSION  17d DATE OF OPERATION  17d DATE OF OPERATION  17d DATE OF OPERATION  17d DATE OF OPERATION  17d CAUSE OF DEATH  17d CAUSE OF DEATH  17d CAUSE OF DEATH  17d CONDITION FOR WHICH  17d DATE OF OPERATION  17d CONDITION FOR WHICH  17d CAUSE OF DEATH  17d CAUSE OF DEATH  17d CAUSE OF DEATH  17d CONDITION FOR WHICH  17d CAUSE OF DEATH  17	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ITATE  13b COUNTY 13c CITY OR TOWN  Mt Airey  THER'S NAME FIRST  MIDDLE  LAST  Frederick  VAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 215-10-2046  18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  CONDITION FOR WHICH OPERATION  19a DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION  19a DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21a, INJURY OCCURRED  WHILE AT WORK AT WHILE AT WORK AT WHILE AT WORK AT WHILE  22a, I certify that (1) (this hospital) attended the deceased from JULY  22d PHYSICIA S MAME (TYPE OR PRINT)  DE  UNITAL, CREMATION, REMOVAL 23b, DATE  23d, NAME OF CEP	AL RESIDENCE (# NURSING MOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ITATE    13b COUNTY   13c CITY OR TOWN   13d. INSIDE CITY LIMIT   17d   1	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  ITALE  I	AL RESIDENCE (IF NORSING HOME OR OTHER HASTITUTION GIVE RESIDENCE BEFORE ADMISSION)  TATE  138 COUNTY  148 CALEER  15 MOTHER'S MAIDEN NAME  168 STREET ADDRESS  VES NO CHANNES  15 MOTHER'S MAIDEN NAME  168 STREET ADDRESS  169 MATCHA  170 MATCHA  171 MEDILE  172 MATCHA  173 MODILE  174 MODILE  175 MOTHER'S MAIDEN NAME  176 MATCHA  177 MODILE  177 MODILE  178 MODILE	AL RESIDENCE (IF NOUSMAND HOME ON OTHER MINITULION ON RESIDENCE BEFORE ADMISSION) TATE    138 COUNTY   136 CITY CR TOWN   136 LITY OR TOWN   136 L	AL RESIDENCE (** PUBBING**OND FOR COTHER PAIRTULIND NOTE RESIDENCE BEFORE ADMISSION)  TATE    138 COUNTY   134 COUNTY   134 CITY OF TOWN   134 CITY OF TOWN   134 CITY OF TOWN   134 CITY OF TOWN   135 CITY OF TOWN   136 CITY CHARLES   135 MOTHER'S MADEN NAME   1485   1

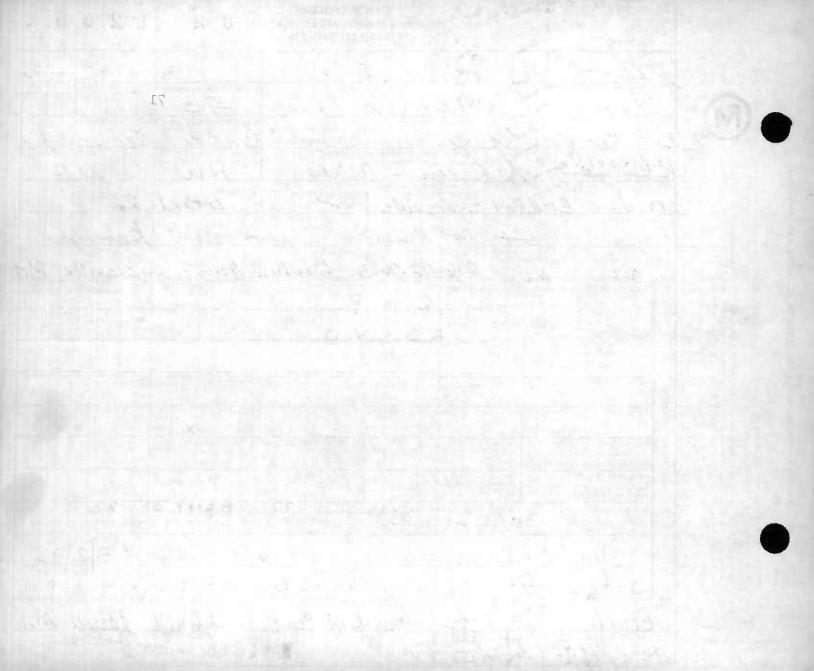
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While I would The second strategy of the longer to 

	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE O Z 1 Z 0 3 Z
	I. DE	Lin brok	Ensestine  S. DATE OF BIRTH	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR  5 - 2 - 8 7 10 - 5 PM  6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER 1 YEAR IF UNDER 24 HRS
FAST IN	-	Female	White MOSTH - 13-10	73 71 MONTHS DAYS HOURS MIN.
<b>X</b> 39		RTHPLACE (STATE OR FOREIGN 76 OUNING)	CITIZEN OF WHAT COUNTRY?	CARROL CO MA MD
1	180 Kg	Resource !	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (15 NOT IN SUBJECT LITTY, GIVE STREET ADDRESS)	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
hould be	13a. S	DO CAR	RO STREET NO CONTROL OF TOWN 13d INSIDE CITY LIMITS?	OAKIANU Kd.
O Completel	14. FA	THER'S NAME FIRST MIDD	15. MOTHER'S MAIDEN N FIRST	A not known.
sicion and co pers. Pages 1 al.		VAS DECEASED EVER IN U.S. ÁRMEI (ES, NO OR UNKNOWN) (IF YES, GIVE WAI		ew Acres - Sykesville Ma
n signed by the attending physicis. Then please remove carbonopoper, to burial, cremation, ar removal. injury, or ather traumatic event, the	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF  (b) A S C  DUE TO, OR AS A CONSEQUENCE OF  (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
one prior	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \subseteq \text{NO} \( \subseteq \subseteq \)
or Item 18 sho		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
pua	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
for us of He 21 is		220.1 certify that (I) (this haspital) saw the deceased alive an abave, (I) (we) (did) (did not) vi	iew the bady after death.	n death occurred on the date and have and from the causes stated
FUNERAL DIRECTOR: uld be detached for ul nihe State Dept. of He ORTANT: if item 21 is		226. SIGNATURE		MEDICAL STAFF  STAFF  DIRECTOR PHYSICIAN   5232
should be detached with the State Dept.		22d. PHYSICIAN'S NAME (TYPE OR PRI	126 ADDRESS 6342 B	ornett Ave. Sykurine, ma
		Burial	236. DATA 236. NAME OF CEMETERY OR CREMATORY 5-6-82 April Company	The Astroville Correll md
50M 7/77 15 (4))	24. FI	INERAL DIRECTOR	ADDRESMA. DE 25a. D.	ATT REC'D. BY REGISTRATION REGISTRATISSIGNATURE

STATE OF MARYLAND

Item 6 g568 6/1/82 gj



5	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	12853
eath		CEASED NAME FIRST OR PRINT)  ADELAI	DE HORN	IAST  TAYLOR  5. DATE OF BIRTH	26. DATE OF DEATH MONTH  5  6 AGE (IN YEARS LAST BIRTHDAY)	OAY YEAR 26 HOUR  19 82 9'05 PM  IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS   DAYS   HOURS   MIN.
M	-	EMALE RTHPLACE (STATE OR FOREIGN	CACCASIAN  76. CITIZEN OF WHAT COUNTRY?	MONTH DAY YEAR 9	82 9 BALTIMORE CITY OR COL	rs.
35		mary and	u.S,	MARRIED NEVER MARRIED WIDOWED DIVORCED	CAPPOLL	
be filed with		TY OR TOWN OF DEATH  Sykesville	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET  AIR HAVE  OTHER INSTITUTION, GIVE RESIDENCE BEFORE	The second secon	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Secretary	ing Life) 126. KIND OF BUSINESS OR INDUSTRY medical
d 2 should be	13a. S	TATE TOUN	ity 13c City or tow Freder	ick   13d. INSIDE CITY LIMITS?	Ridge Rd	
8		ERNEST	MIDDLE HORE	) VICTORIA	WIDDLE	DEITER
s. Pages		(AS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 306 - 50	2.47 - 1 -	lor Sykesvi	ille, Md.
please remave carban irial, crematian, ar ren , ar ather traumatic ev		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF		
n permit. Then ene prior to bu	CERTIFICATION	19a. DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	20a AUTOPSY? 20b. (	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES TO NO TO
ental Hygi ental Hygi Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19 21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)
h and We	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
d for use of Healt n 21 is mo		sow the deceased plive on above, (I) (we) (did) (did not			, to MAY 19 death occurred on the date and	, 19 8 , that (I) (we) lost d hour and from the causes stated
State Deprivate No. 18 Her		226. SIGNATURE LL	Meg no		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 5/19/82
should be diwith the Sto		ELLIS ME	z, mo		perty Rd.	Eldersburg, MD
	23a B	URIAL, CREMATION, REMOVAL BURIAL	13b. DATE 1982 Lu	name of cemetery of crematory theran Cem.	Middletown	n Fred. Md. STATE

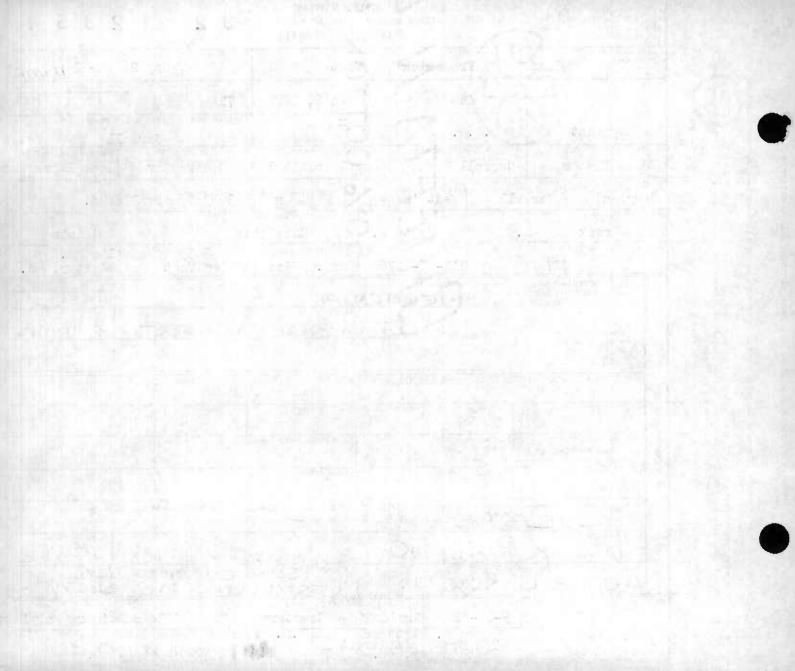
DHMH-16 30M 2/80 (VRA 15, 4)

Thompson Funeral Home

21769 Middletown, Md.

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'e		FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	2854
1 21		DECEASED NAME FIRST  YPE OR PRINT)  John	Frederick	Vogt	26. DATE OF DEATH MONTH	26 1982 1640 PM
	3.	Male Male	4. RACE White	5. DATE OF BIRTH ANTUST 08, 1509	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	55	BIRTHPLACE (STATE OR FOREIGN Sandymount	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	
201 by the 1 filled wall	60	Westminster	Carroll County	G HOME OR OTHER INSTITUTION APPRESS) General Hospital	12a LISTIAL OCCUPATION	12b. KIND OF BUSINESS OR JNDUSTRY TIOME TIMPE OVER 6
AND 212	March 13	SUAL RESIDENCE (IF NURSING HOME OF STATE 136. COULT CAPT)	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134 CHTY OR TOW WOSTINIA	N. 113d. INSIDE CITY LIMITS?	130 SIREELADDRESS	
E, MARY Lined with order with lond 2 lond 2 learning	10	FATHER'S NAME Frank ]	MIDDLE LAST VOgt	Sr. Charlo	AME	Geiske
rIMORE,	160	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV LES TO THE YES OF THE YES	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 1 213-05-1	RITY NO. 17. INFORMANT	303 PRESS kes	ville Rd.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  NG PHYSICIAN: The law requires that the death certificate be executed with in 24 hours, attending physicion.  After this certificate has been signed by the attending physician and completely lifted in 50 st the buriol-transit permit. Then please remove corbanpapers. Pages 1 and 2, hourd her than and Amental Hygiene prior to burial, cremation, ar removal.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE  (b) CEREB  DUE TO, OR AS A CONSEQUE  (c)	MONIA NOE OF VASCULAR	ACCI DENT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 PAYS 2 NONTHS
AL RECOI	GERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \( \text{NO} \( \text{NO} \)
VISION OF VITA  © PHYSICIAN: TI attending physicia er this certificate is the buriol-transit and Mential Hysis ked or Item 18 sh	MEDICAL CEI		ATH HOUR A.M. MONTH DA	19 71f 10CATION	RED (ENTER NATURE OF INJURY IN ITEM 18)	PART I OR PART 2)  COUNTY STATE
ATTENDI or ospital is mc		22a.1 certify that (1) (This hasper sow the deceased alive on	ottended the deceased from 19	ond that in (my) (com) opinion	deoth occurred on the date and ha	
TO HOSPITAL OR retoined by the h		22d. PHYSICIAN'S NAME (TYPE O	Ruto, one	DEGREE ATTENDING PHYSICIAN [	ARDICAL STAFF DIRECTOR PHYSICIAN	5/26/82
TO HOSPITAL retoined by t TO FUNERAL should be de- with the State IMPORTANT:	23o	ARTHUR L		AME OF CEMETERY OR CREMATORY		BLVD 21157
BP		(SPECIFY) Burial		id Ridge Cemetery		altinore Mary an
DHMH - 16 50M 1/B1 (VRA 15, 4)	24	FUNERAL DIRECTOR		cher a son F. 25. DAI		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etoined by the hospital or attending physician.

deoth. Page 4 may be

executed within 24 hours ofter

STATE OF MARYLAND	-
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8

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1	AME FIRST Henry		MIDDLE Martin		AST	REG. N	MONTH DA	Y YEAR	26. HOL	
3. SEX	Henry	M	To and it w							JR _
, I		-	121.11.11		Vogts	A COMPANIES	OF 4	14 00	2:4	5 P
1		4_RACE	CALL VIII	5. DATE C		6 AGE (IN YEARS LAST BI		UNDER TYEAR	IF UNDER	
1	Male	Whit		MONTH				NIHS DATS	HOURS	MIN.
	I STATE OR FOREIGN		WHAT COUNTRY?	8		76 9 BALTIMORE CITY O	YRS	DE DE ATH		
Mary]	l and			MARRIE	D NEVER MARRIED	ALTIMORE CITY	K COUNTY C	FUEAIR		
10 CITY OR TO		U.S		WIDOWE	DR OTHER INSTITUTION	Carroll C				MD
	sville	IF NOT IN SUC	field Hos	DDRESS		120 USUAL OCCUPAT Tithograpi none		12b. KIND O INDUSTRY Prin		ESS OR
USUAL RESIDEN 130. STATE Maryla	nce (if nursing i de oi COUI Ind Har	VTV	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Perryma	4	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS <b>none</b>				
14 FATHER'S NA	5.7	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM			3		
Anton	Henry	WIDDLE	Vogts		FIRST	MIDDLE	Mo	ntgome		
	ASED EVER IN U.S. AR		166 SOCIAL SECUE		17. INFORMANT	ADDR		i o go i i o	- J	
IYES, NO OR U	IN YES, GI	VE WAR OR DATES)	262-80-9	443	Records, Spri	ngfield Ho	spital	Center	2	
18 CAUS	E OF DEATH (Enter of	nly one couse per	line for (a), (b), and	(c	XIII 112 11 14 2	the	liver	APPROXIV BETWEEN C	MATE INTER ONSET AND	DEATH
FART	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Adenocarcinoma of colon with metastasis to/								onth	ıs
underlyii PART 2 C	OTHER SIGNIFICANT (	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	) '	
CERTIFICATION  31a. ACCID	190 DATE OF OPERATION 196 CONDI			DITION FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, V IN CERTIFYII YES	WERE FINDIN	IGS USEL OF DEAT	TH?
	BUTING CAUSE OF DE	5144	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NO E		Land		
_	RY OCCURRED	21e. PLACE			211 LOCATION STREET	CITY OR TO	)WN	COUNTY	S	STATE
Sow obove 77h Susta	ify that (1) (this hospithe deceased alive and office of the deceased alive and office	05-11 (it) view the body	19	32 or	=26 , 19 41 ad that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	ote and hour o	22c. DATE S	SIGNED	oted
220. PHYS	tavio A. R		0.	is, i	220 ADDRESS Spring Sykesville, 1	gfield Hosp	ital Co	enter		
00	OCCATO We II									
23a BURIAL, CRI	EMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
23a BURIAL, CRI					a Episcopal	23d LOCATION CITY OR TOWN Perryman	Hanfo	county Ma	s rv:la	STATE

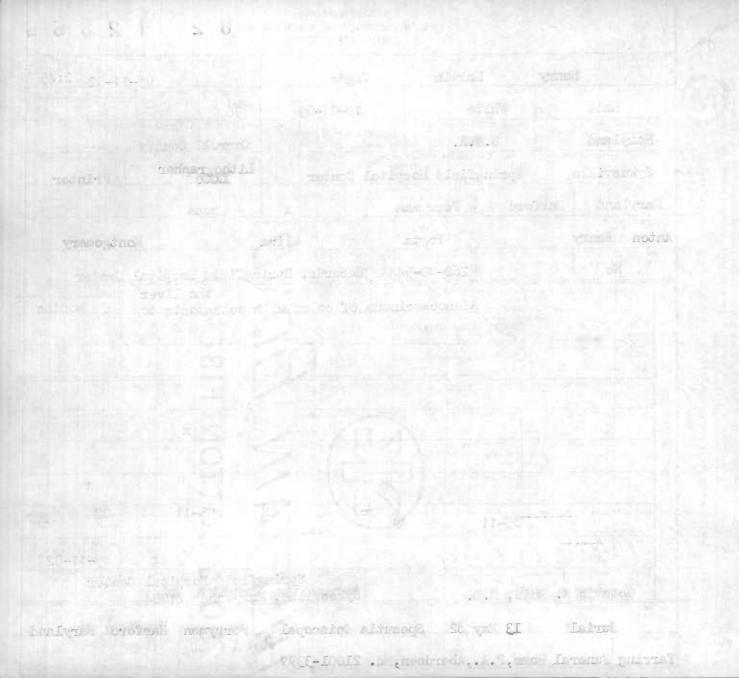
Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3399

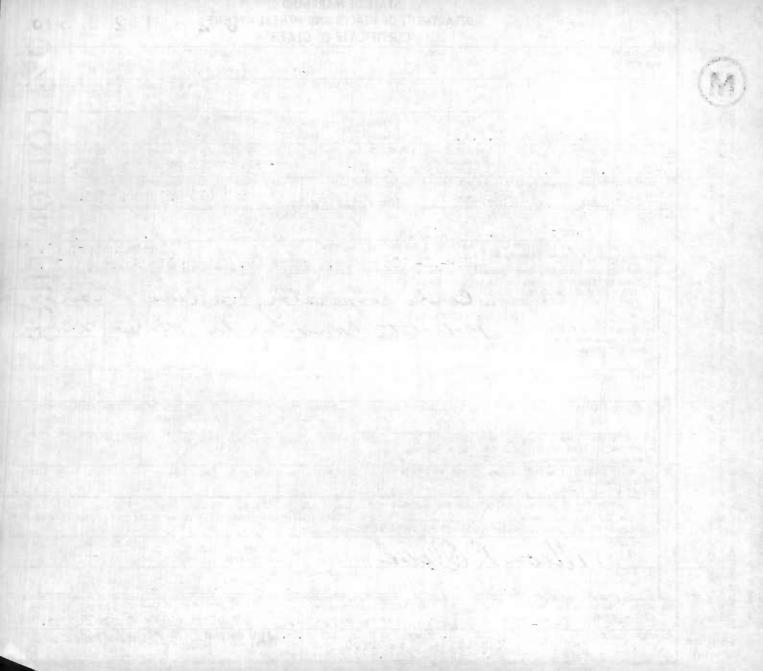
DHMH-16 50M 1/B1 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows ony injury, ar other troumatic event, the





(VRA 15, 4)

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DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR STATE REGISTRAR		t	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	2 REG. I	NO.	1 2	2	8	5	ê
FASED NAME	FIRST	WIDDLE	LAST	20 DATE C	DE DE ATH	MONTH	DAY	VE	AB	Tak NOT	ID

1	REGISTRAR			CERTII	FICATE OF DEATH	REG. N	10				
Ì	I. DECEASED NAME	FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR		
1	(TYPE OR PRINT)	Robert	F.	Wor	thington		5	2282	10.55 P		
Ì	3. SEX	4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS		
	Male	Whit	te	2	12 34	48	YRS	MONTHS DATS	HOURS MIN.		
1	To. BIRTHPLACE (STATE OR	FOREIGN 76 CITIZEN C	F WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY					
2	Wisconsin	USA		WIDOW		Carroll	Coun	ty	MD		
2	10 CITY OR TOWN OF DE		F HOSPITAL, NURSING	G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND	OF BUSINESS OR		
1	Sykesville,	Md. Sprin	ngfield Hos	spita	l Center	None	DF WORKING	INDUSTRY	_		
	USUAL RESIDENCE (IF NUR 13a. STATE	SING HOME OR OTHER INSTITUTION	13c CITY OR TOWN	4	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS					
4	Maryland		Baltimor	е	YES X NO	1700 Lake	eside	Avenue			
1	14 FATHER'S NAME FIRST Theodore	MIDDLE	Worthing	ton	15. MOTHER'S MAIDEN NAME FIRST Margaret	WIDDIE		7 "	AST		
1	160 WAS DECEASED EVER				17 INFORMANT	ADDR	ESS				
1	NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	214-76-	5589	Hospital :	Records					
Ī	18 CAUSE OF DEAT	H (Enter only one couse p	er line for (a), (b), and	l (cs				APPRO. BETWEEN	XIMATE INTERVAL		
1	PART I. DEATH W	JIMMEDIATE CAUSE (0)	Acute ren	al fa	ilure			Wee	ks		
1	5 847		OR AS A CONSEQUE								
1	Conditions, if any					MOTIO IN					
1	gove rise to im- couse (o), stati	ng the DUETO.	OR AS A CONSEQUE	NCE OF							
1	underlying couse	underlying couse lost (c)									
	PART 2. OTHER SIG	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
1	Severe C.		vere menta								
	Severe C. 190 DATE OF OPERA 210. ACCIDENT WAS UN	TION 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FIND			
,	all a					YES NO		YES	NO 🗌		
			OF INJURY A.M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM TI	B PART 1 OR PART 2)			
1	(IF EITHER NOTIFY MED	ICAL EXAMINER)	P.M.	19				3.9			
1	OR CONTRIBUTING USE OF CON	LAT HOME	E OF INJURY STREET, FACTORY, OFFICE, FA	(RM, ETC.)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE		
ı	AT WORK AT WO										
1		(this hospital) attended				, to May 22		19.82	that (1) (we) lost		
ł		did) (did not) view the boo			nd that in (my) (our) opinion o	death accurred on the d	ote and h				
	276 SIGN TUTT		-	4.	DEGREE ATTENDING	MEDICAL STA	EE	22c DATE	SIGNED		
4	(20)	wer }		700	PHYSICIAN [	DIRECTOR PHYSI	CIAN	15/	22/82		
1	22d. PHYSICIAN'S N	ENA NA 4	AILE	_		gfield Hos	_				
4			The In		Sykes	ville, Md.	2178	4			
	730 BURIAL, CREMATION,			AME OF C	EMETERY OR CREMATORY	234 LOCATION	11	Acounty 1	AIATE !		
1	Bural	5	26-82 x	1 prim	fold ameting	Sylvas	velle	Carroll	1110.		
	24 FUNERAL DIRECTOR	4/2:11	ADDRESS -	11 1	25a. DATI	REC'D. BY REGISTRAF	25b. REGI	0			
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